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To the Graduate Council:

I am submitting herewith a dissertation written by Kris Wilks Wright entitled "Development of a valid parent potentiation instrument for prospective parents." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Health Promotion and Health Education.

Robert Kirk, Major Professor

We have read this dissertation and recommend its acceptance:

Jack Ellison, David Patterson, Robert J Pursley, Bill Wallace

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)


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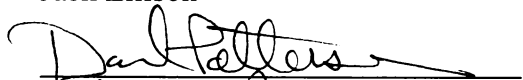


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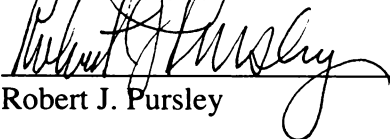
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And recommend its acceptance:



Jack Ellison



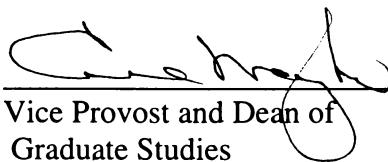
David Patterson



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Vice Provost and Dean of
Graduate Studies

**DEVELOPMENT OF A VALID PARENT POTENTIATION
INSTRUMENT FOR PROSPECTIVE PARENTS**

A Dissertation
Presented for the
Doctor of Education
Degree
The University of Tennessee, Knoxville

Kris Wilks Wright
May, 2002

Thesis
2002b
. W75

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DEDICATION

This dissertation is dedicated to my husband,

Jim Wright

to my parents,

Eulah Jo and Hugh Herndon Wilks

and to my dear friend, mentor, and confidante,

Alexander Erlen

for their constant encouragement, patience, and support.

ACKNOWLEDGEMENTS

To borrow a quote from Neale Donald Walsch (1995), “First, last, and always, I want to acknowledge the Source of everything that is in this dissertation, everything that is life---and of life itself.”

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ABSTRACT

This study examined necessary components for positive parenting in order to develop and validate a Parent Potentiation Instrument (PPI) for prospective parents that would assist them in becoming aware of particular dimensions for growth opportunities regarding positive parenting. In addition, this study addressed constructs that could be included in a PPI as well as determining instrument validity and internal reliability. The scale techniques incorporated in the development of this instrument were Likert (1967), Thurstone (1929), and Factor Scaling (Neutens, 1975). A panel of seven expert jurors were asked to rate and weight six domains as to their significance regarding healthy parenting. These domains were; Emotional Health, Physical Health, Spiritual Health, Intellectual Health, Social/Interpersonal Health, and Environmental Health (both person-in-situation and planetary). They were asked to validate 289 items, compiled from an extensive review of the literature. As a result, there were 116 items included in the initial instrument along with a demographic section. Three hundred eleven volunteers participated in a pilot study and the data generated were analyzed through factor analysis and Cronbach's coefficient alpha. The results of the analysis revealed that the PPI contained one of the original domains, Environmental Health. Factor analysis revealed three constructs that best represented the PPI; Current Health Status, Childhood Experiences, and Environmental Health During Childhood. The resulting 40-item instrument has both face and content validity and is internally consistent. A follow-up study employing the final instrument was conducted with a population of 236 individuals to establish baseline normative data. Measures of central tendency, variability, and reliability were determined for the final instrument. The results of the final instrument analysis support an overall reliable scale with an alpha of .93.

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CHAPTER I

INTRODUCTION

The difficulties in our culture today continue to multiply, whether it is drug abuse, child abuse, divorce, or children shooting down other children in a schoolyard. The list could go on and on. Although this research was designed to focus on an instrument that would aid in the preparation of prospective parents for positive parenting, it was ultimately about prevention.

Preventing drug abuse, child abuse, and anger in children that could result in them taking a gun to school and opening fire on their peers and teachers must come from a source greater than an educational system that does not begin until kindergarten. That source might be found within the many prospective parents that are open to dreaming of healthy and supportive environments for their yet to be born children.

THE STATEMENT OF THE PROBLEM

The problem addressed in the study was, to the extent it could be determined, no instruments exist to measure the potential to parent in a positive manner for prospective parents.

PURPOSE OF THE STUDY

The purpose of this study was to develop a valid Parent Potentiation Instrument for prospective parents that would assist them in becoming aware of particular dimensions for growth opportunities regarding necessary components for positive parenting.

This study also addressed the following research questions in relation to the purpose of the study:

1. Could an instrument be developed to measure parent potentiation?

2. Could this instrument possess validity and internal reliability?

NEED FOR THE STUDY

Hendrix & Hunt (1997) suggest that, although necessary, it is not sufficient for parents to just learn about parenting skills and about children's needs, but the parent must be willing to go through the process of self-change. Addressing the social problems that continue to worsen will take an effort on the part of parents to decide that the "wounding" will stop with them and the "healing" will start with them (Hendrix & Hunt, 1997). Parents who are not "consciously parenting" will continue to repeat negative reactions to their child's natural developmental behavior (Hendrix & Hunt, 1997). These reactions, in part, come from the only way a person knows how to parent, which comes from the manner in which they were parented (Hendrix & Hunt, 1997). Beginning in early childhood, cultural imperatives of family and society provide strong motivation not to show anger, and this becomes deeply imbedded (Sarno, 1991). As a child is being parented he/she wants to be loved and approved of, so unlovable behavior often gets repressed (Sarno, 1991). Sarno (1991) goes on to suggest that there is an unconscious realization that anger is often inappropriate, coming from an irritation believed not worthy of anger, so the anger gets repressed. There is much support for the potential for repressed anger to be experienced through physical symptoms as well as being expressed through inappropriate behavior, toward self or others. In an attempt to make a "good person" of a child, a parent may inadvertently induce the conditions for psychological difficulty later in life (Sarno, 1991). But how is a parent to know which behaviors or unspoken messages will plant a seed of difficulty for their child if opportunity is not presented for them to become aware (self-aware) of this possibility? Sarno (1991) believes there is a great need for more precise definition of the particular psychosocial factors that contribute to particular illnesses, and how they contribute to those illnesses. Taking that a step further, to particular psychosocial factors which contribute to particular

behaviors, and how, may aid in defining parenting behaviors and skills which could result in healthy, happy children. Vondra and Belsky (1993) report that parenting behavior is shaped by a number of potential mechanisms including personality and relationship factors. They go on to say that research supports the notion that differences in psychological functioning and adjustment are associated with qualitative differences in parental care and, that parental personality and adjustment are, in some respect, the closest determinants of parenting. It becomes clear, then (Vondra & Belsky, 1993), that both relationship factors and psychological functioning deserve special attention in research on the determinants of parenting. Bronfenbrenner (1982) encourages a multilevel analysis to account for the development of competence and psychopathology among family members through use of his ecological perspective on the family. Looking at the multiple factors that determine health and working backwards from that knowledge may lead us to a more basic place to begin.

Mobilizing existing strengths and resources that a prospective parent already possesses, and exploring areas for growth, are preventive intervention strategies which may promote the potential for growth and development during a major life transition while preventing the occurrence of maladaptive interaction patterns (Goldberg, 1988). Therefore, awareness of one's behaviors need to be brought to self-consciousness so that, as a parent, one may have the capacity to choose how they speak to their child, how they discipline their child, and how they educate their child, so they are not simply repeating behaviors from the past. Behaviors are habits that have been learned and may be deeply ingrained. With conscious effort, however, those habits can be unlearned (Insel & Roth, 1994).

Researchers have shown that parents who abused their children were more likely than other parents to have had poor childrearing experiences in the family of origin (Luster & Okagaki, 1993). Perhaps gaining knowledge, and becoming self-conscious, of

those aspects of one's childhood experiences, which contribute to behaviors that may be destructive to self and others, would lessen the chances of passing on the legacy of abuse.

The 1997 spring/summer newsletter from the maternal & child health section of the American Public Health Association (APHA) sets forth a public health agenda for children. The agenda was developed as a 1997 priority for APHA. APHA cites this list as a "feasible agenda to improve children's lives." This agenda cannot be accomplished merely by being published. Prospective parents, the current parent population, and the many people who teach and work with children must be part of the connection to fulfill this agenda. The following points encompass the APHA agenda:

- Every child should come into the world wanted and as healthy as possible
- Every child should have adequate access to health care
- Every child should be helped to avoid alcohol, tobacco, and other drug problems
- Every child should be free from threats of injury and violence
- Every child should be assured a healthful environment
- Every child should be assured a healthful standard of living
- Every child should be assured the opportunity for reproductive health

One avenue for this agenda to be met is through a collective consciousness that begins in the home with the prospective parents of children that will be born into this world.

Weil (1997) speaks of the potential to avert adverse consequences concerning health in middle age, since they are largely diseases of lifestyle. Might the same analogy be used for parenting and children . . . many adverse consequences which occur in a child's life might be averted since these elements may, in part, be due to unaware parents, abusive parents, uneducated parents, and parents who themselves have not been loved and nurtured. Weil (1997) also states "if young people could immediately feel the consequences of their lifestyles, I am sure most of them would clean up their acts early on." Perhaps if parents could observe, in a more conscious way, the effects of their parenting immediately, they too, would "clean up their acts early on." However, without the psychological resources to understand, and consequently tolerate, the daily demands

and frustrations on an infant or young child, a parent would be hard pressed to demonstrate the patience, sensitivity, and responsiveness that effective parenting requires (Belsky & Vondra, 1985).

Hendrix and Hunt (1997), when writing of “possibilities for a conscious future,” state very eloquently the need for a Parent Potentiation Instrument:

Perhaps there is no greater contribution we can make in our lifetimes than helping our children become people who are mentally, emotionally, and morally strong. In the process of learning to parent this way, we ourselves are healed from our personal pain and released into the larger world to do what we can to raise the dignity and value of all of life. In this sense, conscious parenting is a spiritual discipline.

As the literature review in chapter two will reveal, there are many programs available that address parenting needs, parenting skills, parenting knowledge, and parenting education, as well as addressing intervention needs for abusive parents, etc. A gap exists, however, between ‘high risk’ prospective parents on the one hand and those (already) parents needing intervention on the other hand. Sparling and Lewis (1981) powerfully argue that accurate child development information may serve as a useful preventive tool for mental health needs; information dissemination is a highly cost-effective human service which enhances a parents’ personal knowledge base and that of others who are part of the parents’ personal social network who also interact with the child and who serve as a sounding board for effective parenting practices (Cochran & Brassard, 1979; Sparling & Lewis, 1981; Stack, 1974 and Unger & Powell, 1980).

THEORETICAL FRAMEWORK

There were two frameworks utilized in the development of the Parent Potentiation Instrument; Bronfenbrenner’s Ecological Model and Hendrix’s Imago Relationship Theory. Bronfenbrenner’s Ecological Model was especially practical for use in the development of the Parent Potentiation Instrument because it considers the multiply determining factors which result in one’s overall well-being which will, in turn, result

in the many different ways a prospective parent may parent. Therefore, the quality of a child's life, as well as the parent, may be enhanced or improved. The Imago Relationship Theory encompasses extremely important information that was necessary in order to see the 'whole' of the development of a parent. When developing the Parent Potentiation Instrument (PPI), the combination of the specificity of the Imago Relationship Theory and the generality of the Ecology Model were exemplary of the interconnectedness that permeates the universe. The following will discuss each of these models.

BRONFENBRENNER'S ECOLOGICAL MODEL

An ecological model enables focuses on environmental causes of behavior and identification of environmental interventions (McLeroy, Bibeau, Steckler, & Glanz, 1988). The ecological perspective is similar to the competency point of view (Whittaker, Garbarino, & Associates, 1983) in advocating interventions that are individually oriented and promote personal strengths (Kagan & Seitz, 1988). It stresses the presence of competence, skills, and motivation within the individual, which ultimately enables individuals to maximize their own talents and resources (Kagan & Seitz, 1988). Bronfenbrenner's model describes the multiple levels of influence that effect behavior. He places environmental influences on behavior into four separate categories, or levels of influences (Bronfenbrenner, 1977). He refers to those levels of influence as the micro-, meso-, exo-, and macrosystem.

The microsystem would be those personal influences during interactions that might occur within one's immediate family as well as within informal social settings or work groups (school or the workplace). The mesosystem is a system of microsystems, i.e. encompasses the interactions among family, school, and peer groups, but may also include church and various camps (Bronfenbrenner, 1977). The exosystem extends beyond the mesosystem and includes formal and informal social structures that, while

they do not themselves contain the developing person, they “impinge upon or encompass the immediate settings in which that person is found, and thereby influence, delimit, or even determine what goes on there” (Bronfenbrenner, 1977). Structures included within this system would be the work world, mass media, local, state, and national government agencies, communication and transportation facilities, neighborhoods, and informal social networks. The macrosystem refers to those cultural or subcultural beliefs and values of which the micro-, meso-, and exosystems are the “concrete manifestations” (Bronfenbrenner, 1977).

The economic, social, educational, legal, and political systems are the “overarching institutional patterns” within the macrosystem. Children, and those responsible for their care, are of special importance within these macrosystems, because their “place and priority” within these systems will determine how they are treated and interacted with.

The utilization of Bronfenbrenner’s model is a practical fit for research within human ecology, which seeks to study, and improve, the relationships between human beings and their environments, because it is a systems approach to improving the quality of life.

HENDRIX’S IMAGO RELATIONSHIP THEORY

The Imago Relationship Theory is “the science of patterns in marriage and parenting” (Hendrix & Hunt, 1997). There are two universal laws within Imago Relationship Theory which human behavior in families will be subject to: “within entities general patterns get passed on” and “things change” (Hendrix & Hunt, 1997). Although these processes are fundamental to Imago Relationship Theory, they are examples of patterns in the universe being reflected in humans and in all of life (Hendrix & Hunt, 1997). After more than twenty years of observation of couples and parents, Hendrix and Hunt (1997) say that parents will pass on to their children many different

patterns that they, in turn, will pass on to their children. This happens in an unbroken line unless a purposeful break occurs to disrupt the “family legacy” (Hendrix & Hunt, 1997). Human beings are creatures of habit, enjoying the familiar, even if it means enduring powerful negative energy. Behaviors come naturally and unconsciously unless a conscious effort is made to “do something differently.” “The most accurate predictor of how you will parent is how you were parented” and, “in order to do something different, we need to become self-conscious about our functioning and take definite steps to replace the familiar with something else” (Hendrix & Hunt, 1997). When Hendrix and Hunt (1997) refer to the term “conscious” they refer to awareness that is self-aware, aware of the other and of his or her inner world, and the willingness to relate to the other on the basis of empathic attunement.

BASIC ASSUMPTIONS

The following assumptions were made regarding this study:

1. Parent Potentiation can be defined and measured.
2. The jurors would objectively rate/weight each construct area in the development of the instrument.
3. The population would respond candidly to items contained in the preliminary instrument.

DELIMITATIONS OF THE STUDY

The following delimitations were imposed based on the purpose of this study:

1. The panel of jurors was delimited to those jurors who had expertise in investigating parenting skills, family life, child abuse, knowledge in the area of child development, and research and instrument development.
2. The preliminary instrument pilot population was delimited to students matriculating at The University of Texas, El Paso.

3. This study was delimited to one aspect of parenting: the potential for positive parenting.
4. The pilot study was delimited to students matriculating at The University of Texas, El Paso.

LIMITATIONS OF THE STUDY

The following were limitations of the study:

1. The generalizability of the use of the instrument.
2. There was no control over the already developed attitudes of the panel of jurors regarding parenting.

DEFINITIONS OF TERMS

For the purpose of this study significant terms were operationally defined as follows:

1. Parent Potentiation - providing opportunity to bring forth the capacity for tapping into ones' ability to be a wonderful parent and to value that which lies within. Giving the gift of viewing one's strengths and becoming aware of areas for growth.
2. Parent Potentiation Instrument - an instrument developed to assist prospective parents in becoming aware of particular dimensions regarding their personal health and well-being (physical, emotional, spiritual, social/interpersonal, intellectual, and environmental) for growth opportunities regarding the necessary components for positive parenting.
3. Prospective Parents – For the purposes of this study positive parents are defined as individuals who are currently childless and who are planning to have children in the future.

4. Juror - an individual known as an expert in one or more of the following areas; child development/child rearing, parenting education, family life, child abuse, and research or teaching in the areas of parenting and/or childrearing. They were responsible for determining the content and face validity of the Parent Potentiation Instrument.
5. Positive Parenting - working toward the capacity to respond to a child instead of responding to something inside oneself. In other words, acting with intention in a child's best interest.

SUMMARY

The purpose of this chapter was to outline the intent of this investigation. The need for the development of the instrument was documented by an extensive review of the literature which revealed a gap between high risk persons in need of help regarding parenting and parents needing intervention programs to address maladaptive parenting. Prospective parents were rarely addressed in terms other than 'at risk.' i.e. being negligent, abusive, uneducated, etc. It was believed that developing an instrument to potentiate prospective parents would offer those interested an alternative way in which to prepare for parenting. In addition, it was seen as an avenue toward prevention opposed to continuing the cycle of intervention and treatment.

The remainder of this study is organized as follows:

Chapter II: Literature Review and Theoretical Framework

Chapter III: Methodology and Design

Chapter IV: Analysis and Interpretation of the Data

Chapter V: Summary of Findings, Conclusions and Recommendations

Chapter VI: The Study in Retrospect

CHAPTER II

REVIEW OF THE LITERATURE

INTRODUCTION

The purpose of this chapter was to provide the necessary information to support the need for this study, which was to develop a valid Parent Potentiation Instrument (PPI) for prospective parents, which would assist them in becoming aware of particular dimensions for growth opportunities regarding necessary components for positive parenting. The literature related to the problem investigated in this study was discussed in the following sections:

1. Literature related in content/theory
2. Literature related in methodology
3. Literature related in content/theory and methodology

STUDIES RELATED IN CONTENT/THEORY

The purpose of this section of the literature review was to discuss the literature that relates to the study in content and in theory.

While the literature is filled with discussions of parental behaviors, parenting is more than the sum of behaviors (Eldridge & Schmidt, 1990). Eldridge and Schmidt (1990) quote Winnicott (1976) to assist them in making their point; “Children are a burden, and if they bring joy it is because they are wanted, and two people have decided to take that kind of a burden; in fact, have agreed to call it not a burden, but a baby.” The need for assessment tools to be grounded in a theoretical perspective is representative of an ethical, as well as methodological, responsibility that must be embraced by family researchers (Sabatelli & Bartle, 1995).

Several researchers have taken the multilevel analysis approach by proposing that the determinants of parenting include personal resources of the parents, characteristics of the child, contextual sources of stress and support, characteristics of the parents and the

quality of their marriage, the status of formal and informal support systems, and the wider culture (Belsky, 1984; Heinicke, 1984) and Parke & Tinsley, 1982).

Belsky and Kelly (1994), in *The Transition to Parenthood*, commented on several truths regarding parenthood that give credence to the need for working with prospective parents. That is to say that there is a need to give some definition to parenting before a child arrives on the scene, so to speak, so that parents no longer need to pretend that they know what to do or how to do it, that they do not have to ‘fake it ‘til they make it’, but their fears and anxieties might be validated to help give way to being comfortable accepting support and assistance in the process of parenting. Belsky and Kelly (1994) suggest that while most couples imagine parenthood as an opportunity for a baby to bring them closer together, having a “deeper sense of ‘us,’ ” in reality, initially, there is a separation due to “revealing the hidden and half-hidden differences in their relationship.” Differences in the couples’ backgrounds and personalities will contribute to “transition-time marital gaps” (Belsky & Kelly, 1994).

It has been demonstrated that there is a strong connection between marital quality and parents’ interactions with their young children (Belsky, 1984; Goldberg & Easterbrooks, 1984; Heinicke, 1984). Marital quality will be the result of what two individuals bring to the relationship, i.e. their “psychological baggage” (Goldberg, 1988), as well as additional factors that together, will determine one’s overall health. Insel and Roth (1994) state that an individual’s health comprises six dimensions: physical health, emotional health, intellectual health, environmental health (both person-in-situation and planetary), spiritual health, and social/interpersonal health. In addition to an individual tending to each of their six dimensions, heredity and access to adequate health care will greatly influence their overall health (Insel & Roth, 1994). Cowan and Cowan (1988) discussed two related sets of research findings which led researchers to depict babies as potentially disruptive to marital intimacy. One set of research studies described the transition to parenthood as a crisis for couples and another group of studies showed that

marital satisfaction declined when couples became parents, and, continued to do so throughout the childrearing years (Cowan & Cowan, 1988). Cowan and Cowan (1988) suggest that it is not necessary to ask whether change occurs in the marriages of new parents, but that we need to begin understanding the process of change to be able to determine how some couples cope well and others experience great difficulty as they shift from couple to family.

Kohn (1963), in his essay regarding the effects of social class upon parent-child relationships, begins with the assumption that social class is a useful concept because “it captures the reality that the intricate interplay of all these variables (speaking of educational level, or occupation, or any of the large number of correlated variables) creates different basic conditions of life at different levels of the social order.” Kohn’s intent of his analysis was to follow the course of effects of ones’ social class position on parental values and, in turn, the effects of values on behavior (Kohn, 1963).

Although the literature suggests the importance of parenting education, the occurrence of this education seems to happen after there is a known pregnancy or after the child has been born. And yet there has been movement toward use of prevention models rather than a medical or treatment model to assist couples who are deciding when, or if, to have children, how best to prepare for childbirth, and how to more smoothly adapt to the demands of parenting (Goldberg, 1988).

In a book edited by Michaels and Goldberg (1988), Duncan and Markman write about “intervention programs for the transition to parenthood: current status from a prevention perspective.” Although their review of these programs was by no means exhaustive (Duncan & Markman, 1988), what was clear to them was the “overarching goal” of many programs to enhance the competencies of couples and decrease the numbers of problems that arise within the family and, where possible, prevent difficulties before they arise. They continue on to discuss their findings regarding the importance of establishing effective patterns of family communication and problem solving prior to

experiencing the transition to parenthood, which, over time, would lead to more balanced functioning. Duncan and Markman (1988) also found that more modern thinking of prevention programs leads to goals that are about promoting health rather than preventing disease, and the abundance of knowledge regarding causal processes enables more clarity that most 'difficulties' have multiple determinants. As they evaluated available programs for prospective parents it became apparent that "preparation for childbirth is not preparation for parenting." However, there was a sense that the transition to parenthood was seen as a time of "greater flexibility and openness to new information" by both individuals and couples (Duncan & Markman, 1988; Shereshefsky & Yarrow, 1973).

Aranoff and Lewis (1979) worked with 48 couples placing emphasis on communication and social support during the pregnancy period. This appeared to increase awareness of communication and problem-solving skills as well as reduce anxieties and fears. Previously unidentified issues were brought to participants' attention through emphasizing those aspects within the program. Although there was no group for comparison purposes, responses from participants to postpartum and postgroup questionnaires were favorable.

Several studies (Crouter, 1984) suggest that mothers' self-esteem is related to parenting. Patterson (1980) identified low self-esteem in mothers as a correlate of ineffective and coercive parent-child interaction while Small (1988) found that mothers who exhibited positive self-esteem were more likely to; provide their adolescent children with greater decision-making freedom, communicate more often in a friendly way with their children, and view their children as independent. Wells (1988) suggests that a process of self-evaluation is present at a very immediate, proximal level. She speculates that mothers' beliefs of how well they balance work and family roles may affect their beliefs of themselves and the way they relate to their children.

Garbarino and Kostelny (1992), discussing neighborhood and community influences on parenting, mention the well-established connection between poverty and

infant mortality. They mention the importance of knowing that researchers have identified a link between economic deprivation and child maltreatment and go on to say that child maltreatment is a crucial indicator of parenting and family functioning (Garbarino, 1978a; Garbarino, 1980; Neglect, 1981; Pelton, 1978; Steinberg, Caatalano, & Dooley, 1981).

In believing that human development is, in part, a function of the environmental context of the individual, Okagaki and Divecha (1993) look at research that provides insight into the processes that mediate between factors such as culture and socioeconomic status and parental beliefs. They examine the relation between parental beliefs and parenting behavior.

Hoffman (1988) offered an alternative theory for explaining the processes by which cultural context influences parenting. She suggests that children satisfy different needs for their parents and that cultures differ in which needs children are seen as satisfying. In addition, she believes that parental goals and attitudes are a function of the needs children satisfy. Data from a cross-national study showed that the two most commonly cited needs that children meet for their parents are economic utility and the need for love and affection (Hoffman, 1988). This study gives credence to a “creative manuscript” entitled *Peaceful Parenting and Contextual Essay* by Nancy S. Buck (1997) in which she discusses the need for parents to understand the “genetic instructions” their child is born with. She suggests that when parents can help their child learn and follow these instructions that the opportunity for living and learning together can be much smoother for both parents and children. Buck (1997) describes these “instructions” as that which we are all born with and are “our internal motivation to behave.” Throughout Buck’s manuscript she continually comes back to the point that to successfully help our children learn how to follow their “internal instructions” parents must understand them for themselves. She discusses in depth what these genetic instructions, or basic psychological needs, mean for humans; that all humans are born with a drive to satisfy the need for safety and security, the need to feel loved and belong, the need for power, and

the need for fun and for freedom (Buck, 1997). However, how these needs are satisfied will be different for each individual. Buck clearly states that when humans are unaware of this internal consciousness, eventually, a parent attempting to impose his/her will on his/her child through physical, mental or emotional force, may meet with equally strong physical, mental or emotional resistance. Buck discusses the components of behavior in humans; “action, thinking, feeling and physiology,” and suggests that it is a parents job to learn to read all components of his/her child’s behavior in order to help the child learn how to effectively get his/her needs met (Buck, 1997). How can a parent do this if he/she cannot read his/her own internal signals?

Caughy (1996) conducted a study to look at the interaction of early health morbidity and environmental risk and the effect this interaction might have on academic readiness in a large national sample of school-age children. Her results supported that children who experience poor health early in life, as well as those raised in impoverished homes, would experience deficits in academic achievement later in life.

Bronfenbrenner and Crouter (1982) examined research regarding the impact of working parents on the function of the family in its childrearing role. What they discovered was just how complex an investigation of this nature was due to the many variables that play an integral part of childrearing processes.

Davis (1996) conducted an observational research project where adults were observed making verbal threats to physically punish or hurt a child. Davis points out that whether or not corporal punishment is the result of a threat, the verbal aggression, in and of itself, is a potentially harmful and denigrating act to a child.

Scott, Scott, and McCabe (1991) tested three hypotheses, in seven different countries, regarding family relations as they relate to children’s personalities. The basis for the research came from retrospective reports of children or their parents. The researchers found much support in the literature that concluded that negative behaviors in the home result in negative attributes of the children within those homes (i.e. homes

where arguments and neglect abound, delinquency and behavior problems will present; low self-esteem can be associated with parental conflict; parental rejection gives way to anxiety). The same literature review produced studies that also support positive behaviors resulting in positive attributes (i.e. parental attention with warmth and sensitivity result in high self-esteem) (Scott, Scott, & McCabe, 1991). However, interpretation of the results showed that when possibilities for “same-source contamination” were barred, very modest levels of the expected association between family patterns and children’s personality characteristics were revealed (Scott et al., 1991). The questionnaire used was created to be completed by 12-year-olds as well as “invite” return by parents. Therefore, less reliable scales, which were short in nature, were chosen over more reliable lengthy scales (Scott et al., 1991).

Luster, Rhoades, and Haas (1989) examined the relation between parental values and maternal behavior. Maternal practices have been linked to cognitive outcomes in children in other studies (Luster, Rhoades, & Haas, 1989). In the Luster et al. study, Kohns’ hypotheses was tested regarding the relation between parental values and parenting behavior. They discuss the following causal sequence: social class ~ parental values ~ childrearing beliefs ~ parental behavior. Social class has been consistently confirmed with nationally representative samples (Luster et al., 1989), but the extent to which parental values and childrearing beliefs are related to how parents care for their children has little knowledge base. Although causal relations could not be determined, parental values were related to childrearing beliefs (Luster et al., 1989).

Stevens (1984) suggests that a key factor that contributes to parents’ ability to raise children well is the parents “accurate and appropriate expectations” for children’s behavior. A number of researchers attribute less optimally developed infants to less effective parenting due not only to a lack of parenting skills but to a lack of knowledge about development (Stevens, 1984). There is limited evidence, however, to suggest that what parents know about development is related to their parenting skill (Stevens, 1984).

Parents who knew more about development on either scale manifested higher levels of parenting skill (Stevens, 1984). Stevens found that awareness of how environmental factors influence development contributed more to parenting skill than did knowledge of normative development alone. Although said to be a weak relationship, Stevens' results supported the idea that there is a positive relationship to what parents know about children's development and to their adeptness in designing a supportive learning environment as well as their ability to interact in ways that will stimulate a child's development. It was observed that parents who understood, and were more aware of, the impact of their behavior and of the physical environment for development behaved in ways that were supportive of mental development (Stevens, 1984).

Belsky (1984) developed a model which presumes that parental functioning is multiply determined; determined by forces coming from within the parent, within the child, and from the social context in which the parent-child relationship is occurring. The model further assumes that the parents' personal developmental histories along with marital relations, social networks, and careers will influence individual personality and general psychological well being of parents and, result in parental functioning which in turn will impact child development (Belsky, 1984). Drawing from Belsky's model as well as Bronfenbrenner, Okagaki and Divecha (1993) discussed research illustrating the relations between those same factors of influence and hypothesized that the development of parental beliefs is influenced by multiple factors within an individual's context (Okagaki & Divecha, 1993). Their intent was to show that development of beliefs is affected by the environmental context. A portion of the data summarized by Belsky (1984) was arranged to support the idea that developmental history does indeed shape personality and psychological well-being, which then would influence parental functioning. Bavelas and Segal (1982) noted the advantages of focusing on the whole but seeing the parts within the context of that whole, opposed to collecting parts in hopes that they will eventually add up to the whole (Bavelas & Segal, 1982). Bronfenbrenner's

systems approach sees the parts within the whole and looks at how those parts are connected, and Bavelas and Segal (1982) view this as a commitment to process as well as structure. Belsky cited one of his earlier writings of 1981 to validate the summary of another portion of his data which strongly suggests that understanding parenting and its influences on child development will necessarily need much attention to the marital relationship. This is because the quality of the marital relationship is itself a result of developmental histories and personalities of the individuals in the relationship (Belsky, 1984).

Bronfenbrenner's (1979) ecological perspectives model was used (Wood, Chapin, & Hannah, 1988) to understand the multiple determinants of underachievement in high school students. The study indicated that variables that affect the home environment might, in fact, have a significant impact on the achievement level of normal ability students (definitions were conveyed as to exactly what was meant by "normal ability" & "underachievers") (Wood et al., 1988). Although achievers and underachievers differed on 8 of the 10 FES subscales, only four of them revealed a significant difference (Wood et al., 1988). Wood et al. (1988) supported a systems and ecological perspective as being practical for understanding children functioning within the context of various systems which exert influence upon them, as well as interacting with other subsystems.

Shields and Green (1996) addressed the system within the school setting in order to propose a systems model for conceptualizing learning and behavior problems in the classroom. The "classroom-as-a-system" concept will give way for educators and school counselors to consider classroom problems from a general systems theory, to see that behavior problems with students is based on the "very complex network of subsystems with a multitude of interactional patterns and coalitions" (Shields & Green, 1996).

An ecological model of parental competence was described in Holliday's article (1996), which was utilized in creating the Ecological Scale of Parental Competence

(ESPC). The family systems model was specifically addressed because of its concern with environmental influences on the family unit (Holliday, 1996).

Allport (1997) in her book, *A Natural History of Parenting*, observes the many different parenting attributes that occur across the broad spectrum of animal behavior and human evolution. She believes that somewhere in the “amoebic mass that represents all the cultural variations on parenting,” there must be those “universals” that are representative of good parenting. She goes on to say that while researchers continue to try and define those universals it is a safe bet that sensitive care and stability in the infant’s relationship will be included in the definition. Allport (1997) validates what others have alluded to, that first-time mothers who have not received sufficient care tend to respond inappropriately to their infants’ needs. She supports the need for preparation for parenthood prior to a child’s appearance into the world by suggesting that perhaps classes on infant care should be implemented within the educational curriculum as equally important as math and history. “In the end,” says Allport (1997), “it will be far easier to have built and launched a ship that is sound than to be trying to fix a leaky craft while it is out on the high seas of adolescence and life.”

Prospective parents who are mindfully planning for children in their future are disregarded, looked upon as “mainstream families who are intact, with a husband and wife who are not at risk, either physically or emotionally, and those who hold promise for establishing a positive nurturing environment for the child” (Kagan & Seitz, 1988). This is a wonderful example of ‘gee, they appear okay so they will make great parents.’ It must be understood that being a “good parent” does not happen by accident.

Mowder, Harvey, Pedro, Rossen, and Moy (1993) discussed the lack of avenues, or access points, to engage parents in talking about what they can, should, or might do differently to better meet the needs of their children. They address the “little research” that has been conducted specifically on parents, which leaves professionals with little

theoretical or other understanding of the professional expectations of parents within the parenting role.

Summary

The literature related in content/theory yields to an incredible amount of information that could be of assistance in developing an instrument for prospective parents that may enable them in becoming well-rounded parents. Individuals must first, however, know that becoming a well-rounded and healthy parent takes more than bringing a child into this world. Parenting, as the literature points out, is a process and part of that process is an individuals' own personal process. Beginning to understand one's own personal process prior to conception and childbirth could lend itself to a new meaning of prevention.

STUDIES RELATED IN METHODOLOGY

The purpose of this section of the literature review is to discuss the literature that directly relates to the methodology of this study.

Weiler, Sliepcevich, and Sarvela (1993) developed three forms of their Adolescent Health Concerns Inventory (AHCI) in the spring of 1990 to assess the health concerns of adolescents, their teachers' beliefs about adolescents' health concerns, and their parents' beliefs about adolescents health concerns. An extensive literature review resulted in identifying 161 health-related items. The 161 items were categorized in 12 "topical areas" which had been pre-selected. Likert-type (Weiler, Sliepcevich, & Sarvela, 1993) response options were constructed and reviewed and a check-off response option was selected in order to simplify the assessment method. A preliminary version of the instrument was developed along with the necessary instructions; (a) what items or elements are to be rated; (b) what criterion or standard should be used for judgment; (c) how is the scale to be used; and (d) how and where responses are to be reported or

recorded (these instructions were chosen according to Alreck and Settle, (1985). With the elements in mind, a preliminary draft of the AHCI instrument was developed for review by an expert panel of seven to establish content validity. The members of the panel reviewed the items with the following issues in mind: focus, brevity, clarity, readability/vocabulary, assurance, and adequacy of response options. The panel members also responded to several questions concerning the selection of the health-related inventory items as well as providing comments and recommendations concerning any portion of the instrument directly on the questionnaire. Revisions were made on the items using consensual agreement (four out of seven) (Weiler et al., 1993), based on the recommendations by the expert panel. A revised edition was constructed for the readability test and pilot test. The SMOG reading formula was utilized to assess readability in addition to the expert panels subjective assessment. Thirty-five ninth-grade students participated in the pilot study. The final version of the AHCI contained 150 health-related items grouped into 12 topical subscales. 419 students completed the AHCI and the data was analyzed using descriptive statistics, item analyses, Cronbach's alpha, and a principal components factor analysis.

Collinsworth, Strom, and Strom's (1996) study utilized the Parent Success Inventory (PSI) that was designed to assess parent performance. The PSI consisted of 60 Likert-type items placed within six subscales that place emphasis on separate aspects of parent development. The preliminary format used was an open-ended questionnaire consisting of the six elements that became the subscales for the PSI (Collinsworth, Strom, & Strom, 1996). After administering the questionnaire to a randomly selected sample of 2,893 participants (this includes parents, children, and teachers), issues related to parent competence were identified and ranked in order of importance for each of the grades. A 96% reliability coefficient was obtained for the coding of 33,000 responses (Strom, 1987). The purpose of Collinsworth et al.'s study, "Parent Success Indicator: Development and Factorial Validation," was to conduct a factor analysis of the PSI. The

results indicated that four of the six subscales could be supported with two other factors being identified. Although redundancy existed in some of the subscales, the factor analysis supported the PSI as being a “reliable and valid instrument for use in parent evaluation” (Collinsworth et al., 1996).

The Social Phobia and Anxiety Inventory for Children (SPAI-C) (Beidel, Turner, & Morris, 1995) was designed to assess social phobia and anxiety in children. Six experts in the area of childhood anxiety disorders reviewed the initial item pool (Beidel et al., 1995). The initial version of the inventory consisted of 32 items being completed by 70 children with the final version of the inventory consisting of 26 items. Cronbach’s alpha was used to measure internal consistency and was calculated using 154 participants who had completed an SPAI-C. The alpha coefficient was .95. A re-test was administered two weeks after the initial assessment to 62 of the 154 children and showed no significant difference from the previous sample of 154 children (Beidel et al., 1995). A Pearson product-moment correlation used with the 2-week test-retest reliability coefficient showed $r = .86, p < .001$. To conclude, 19 children, who were not different from the overall sample, were administered the SPAI-C for a third occasion, 10 months after the initial assessment and the coefficient was $r = .63, p < .01$. A principal-components factor analysis of the SPAI-C items with varimax rotation was computed from results of the previous 154 participants. Items with factor loadings of .45 or greater were retained for inclusion in each factor (Beidel et al., 1995). The SPAI-C was found to have excellent internal consistency and high test-retest reliability across 2-week and 10-month intervals (Beidel et al., 1995).

Robertson and Hyde (1982) looked at the Family Environment Scale (FES), developed by Moos (1974), and attempted to determine whether the subscales within the FES measured the dimensions of the family environment. The FES consisted of 90 true-false statements grouped into 10 subscales purporting to measure 10 dimensions of the family environment (Robertson & Hyde, 1982). The 90 statements were selected from

1,000 family members' responses to 200 face-valid items (Robertson & Hyde, 1982). Robertson and Hyde (1982) felt that the psychometric procedures used to create the subscales needed careful attention due to their (the subscales) theoretical and practical significance. They suggested that the criteria that guided the FES test construction were reasonable and at the same time pointed out two difficulties. One, the subscale dimensions were not independently confirmed, because both item selection and subscale construction came from the same sample (Robertson & Hyde, 1982). Secondly, three of the five psychometric criteria suggested that factor-analytic rationale guided the FES construction, however, at the time of this article no factor analysis had been performed and none had been reported in the literature (Robertson & Hyde, 1982). Therein was the purpose of their study; to determine the factor structure of the FES items and produce evidence of the validity of the dimensions within the FES.

Robertson and Hyde (1982) gave careful consideration to the population samples so that analyses would be based on a homogeneous sample and not be convoluted by using mixed samples. High school freshmen and sophomores from rural communities made up their sample population. To increase the representation of the factor structure Robertson and Hyde (1982) conducted an oblique factor analysis and replicated the results with a second sample. There were 686 subjects that completed the 90 true-false item FES. The data were split randomly between two subsamples so the factor-analytic results could be replicated. Upon completing a 10-factor solution (Robertson & Hyde, 1982) only two of Moos's 10 factors presented. There were factors that emerged but were not representative of any of Moos's subscales. An eight-factor solution was used for both sample groups in hopes of replication with the newly proposed subscales. The replication went from "replicating well" to "replicating only moderately well" (Robertson & Hyde, 1982). In order to provide norms for the proposed subscales the two subsamples were pooled and items were scored in the direction of the factor loading sign (Robertson & Hyde, 1982). Coefficient alpha was used to compute estimates of reliability and

internal-consistency. The results of the study indicated that Moo's original 10 subscales did not emerge as dimensions in a factor analysis as well as both the item content of single scales and the independence of the subscales not being replicated (Robertson & Hyde, 1982). They made recommendations for the FES as well as for future research endeavors in the particular arena. Sabatelli and Bartle (1995) point out, in examining the numerous approaches used to survey family functioning, that the FES was used in hundreds of studies since the early '80s despite the fact that the psychometric foundation called into question the factor structure and validity of the measure (Robertson & Hyde, 1982). As Sabatelli and Bartle (1995) continued their exploration of various measures used in the field of family study they found that, for the most part, the critiques have had little impact on the use of those measures.

Ciccone (1981) developed an instrument to study attitudes towards incest. A comprehensive review of the literature resulted in determination of concepts upon which the instrument was based. A Likert-type format was designed consisting of 150 statements and six "expert judges" evaluated items indicating the extent to which they thought it should be included in the instrument (Ciccone, 1981). The results of the analyses of responses from the judges were taken as a measure of both face and content validity (Ciccone, 1981). Following the evaluation by the panel of judges "The Incest Attitudes Survey" was comprised of 82 items plus 13 demographic items.

King, Rosenbaum, and King (1996) developed a Measure of Processes of Care (MPOC) to evaluate parents' perceptions of the processes by which services were delivered to families with a child who had a neurodevelopmental disorder. The instrument was created within a "social climate" focusing on family-centered services (King, Rosenbaum, & King, 1996). The researchers identified and described seven domains of the construct "caregiving," that was to be assessed, and generated the initial pool of items through parental assistance reviewing the current literature. A pre-test provided feedback in regards to wording and readability of the items and instructions,

appropriateness of content, and the meaning, acceptability and relevance of the items (King et al., 1996). Retention of items was based on responses obtained through pilot testing with a population representative of those for whom the instrument was intended. Cronbach's coefficient alpha was used to determine internal consistency that exceeded the minimal criterion set forth of 0.80. The test-retest reliability demonstrated good stability of the MPOC.

Summary

This section discussed the literature as it related to the methodology of this study. Studies using Likert-type items on the instruments being developed, with guidance from expert panels establishing face and content validity were cited. Many of the instruments developed were evaluated using Cronbach's Alpha to measure internal consistency and a number of investigators used factorial analysis to validate the subscales within the instruments.

STUDIES RELATED IN CONTENT, THEORY AND METHODOLOGY

The purpose of this section was to discuss those studies that directly relate to the content, theory, and methodology of this study.

The Adult-Adolescent Parenting Inventory (AAPI) was developed by Stephen J. Bavolek (1990) and designed to assess the parenting and child-rearing attitudes of adults and adolescents. Bavolek developed a five-point Likert scale with responses to the inventory providing an index of risk for "practicing abusive and neglecting parenting and child-rearing behaviors." The literature review resulted in four parenting constructs. The 65 initial pool of items were generated from parenting instruments already in existence as well as from information generated from child abuse and neglect professionals. Content validity was established with 80% agreement among the panel of experts reducing the instrument to a 50-item pool. The initial inventory was conducted with 3,000 adolescents

and item-construct correlations with ranges from .53 to .75 were included in the final construction of the inventory. Factor analyses along with inter-item correlations supported the high level of construct validity of the AAPI. Bavolek stated that over 6,500 adolescents nationwide had taken the AAPI resulting in the determination of diagnostic and discriminatory validity. Studies were also conducted with adult populations. Bavolek discussed a number of studies that further validated the use of the AAPI for a range of research problems:

Murphy (1981) found that scores generated from a college population in Denver identified a segment of the participants in the study as “high risk” for practicing abusive parenting behaviors.

Figoten and Tanner (1981) studied the utility of the AAPI as an evaluation program in the Los Angeles area and found that scores on the AAPI were capable of discriminating an identified abusive parent population from a population of non-abusive parents.

In additional studies examining the discriminatory and diagnostic validity of the AAPI, Bavolek (1984) found parents completing a comprehensive parenting and nurturing program significantly ($p < .05$) increased their parenting attitudes upon completion of the program.

Clark (1982) found that older teenage mothers expressed significantly ($p < .05$) healthier parenting attitudes than younger teenage mothers.

Price (1985) studied child television viewing with family dysfunctions and found that children’s television viewing related to the parents’ responses to the AAPI. Children whose parents expressed somewhat dysfunctional parenting attitudes viewed more fantasy fare, more violent cartoons, more super hero programs, more loner-type programs, and more violent programs in general. Children whose parents expressed warm, empathic parenting attitudes tended to view more news and educational programs and more programs that portrayed functional interpersonal family relationships.

Gordon and Gordon (1985) studied the relationship between responses on the MMPI At Risk Scale and the AAPI from adults receiving psychiatric counseling and found adults classified at risk for potential child abuse on the MMPI obtained poorer scores on the AAPI than those not at risk.

Ronnau and Poertner (1993) suggested the importance in identifying and using strengths as a basis for helping individuals. They quoted Weick, Rapp, Sullivan and Kisthardt (1989) as saying that a strengths assessment is necessary if one is going to

practice according to a strengths perspective. A family systems model, developed by Turnbull, Summers and Brotherson (1984), was selected by Ronnau and Poertner (1993) as a framework for the strengths assessment process. The four major components of the framework were discussed by Ronnau and Poertner (1993): family structure, interaction, life cycle, and functions, in an attempt to reveal to the reader how strengths and resources were identified. Findings were introduced regarding a new measure designed to empirically assess three typologies of parenting (authoritative, authoritarian, permissive) (Robinson, Mandleco, Olsen, & Hart, 1995). Impetus for this study was due to the methodological strategies used to derive these typologies (Baumrind, 1971), which much research has been based upon, were found to be limiting (Robinson et al., 1995). A secondary purpose of this study was to identify specific parenting practices that occur within the context of the typologies by utilizing factor and reliability analyses (Robinson et al., 1995). An initial Likert-type questionnaire of 133 items was developed using 80 items from a previous report and 53 new items (Robinson et al., 1995). The construction of new items was based on the three typologies taken from the current literature that “appeared to have face validity” (Robinson et al., 1995). The parenting-practices questionnaire was completed by 1,251 volunteer parents, mostly Caucasian from two-parent families whose median income was \$30,000. A series of principal axes factor analyses followed by varimax rotations was used to reduce the number of items in the initial questionnaire. The new 62-item measure consisted of 43 of the newly constructed items and 19 items from the previous report (Robinson et al., 1995). To address the secondary purpose of the study, determining the dimensions and internal structures within the three typologies that might reflect particular parenting practices, a principal axes factor analysis followed by oblimin rotation was used to analyze each set of items within the three global typologies (Robinson et al., 1995). The results from the analysis suggested that questions consistent with the three typologies could be empirically derived (Robinson et al., 1995).

Armstrong (1996) administered a pilot study seeking to explore spirituality as operationalized by the Armstrong Measure of Spirituality (AMOS). In addition, she measured locus of control, depression, self-esteem, moral judgment and world-view. The 135-item Likert scale pilot study was administered to 318 introductory psychology students. The original nine subscales were collapsed to four when a correlational matrix of the nine showed a considerable degree of intercorrelations between them (Armstrong, 1996). Subscales that showed high correlation with another ($r > .60$) and could be interpreted as similar were collapsed. Cronbach's alpha was used for item reliability and 76 of the 135 items were dropped due to low inter-item correlation. A multivariate multiple regression was performed to determine which indicators of psychological adjustment (locus of control, depression, self-esteem, moral judgment, world-view) predicted the revised subscale scores (Armstrong, 1996). When included in the regression model, there was an indication that the predictor scales significantly contributed to the prediction of spirituality, as defined by the four subscales (Armstrong, 1996). Armstrong (1996) reported that some support for the validity and internal consistency of the AMOS was derived from the pilot study.

Mowder, Harvey, Pedro, Rossen and Moy (1993) developed a questionnaire to study the issue of the parent role and the importance of parenting characteristics at the various stages of child development. When working with parents not only is it important to assess the parenting perceptions of the parents, but equally important is to be aware of ones' personal views (Mowder, Harvey, Pedro, Rossen, & Moy, 1993).

This section discussed the literature that included studies that encompassed content, theory, and methodology as it related to this study. It was noted that parents who completed a comprehensive parenting and nurturing program significantly increased their parenting attitudes. In addition, it is believed that identifying and using strengths as a basis for helping individuals is important in the wake of encouraging positive parenting.

These findings were the result of work using Likert scales, expert panels for creating instruments and including factorial analysis and Cronbach's Alpha as evaluative tools.

SUMMARY

The literature revealed a plethora of studies and information related to parenting; parent education, parent roles, parent development, parental beliefs, parent behaviors, to name just a few. The information regarding individuals and couples at risk for experiencing difficulties during childrearing, as well as ways in which to intervene and the abundance of information for laying groundwork toward working with parents of children of all ages, was indeed overwhelming.

As with the “health action gap” where there seems to be that missing link between what individuals know and what they actually do. There is more information available than one would ever need to ‘know’ how to parent and yet, once again, there is ‘that missing link.’ The literature contributed greatly to the preparation of the PPI by providing information that revealed what is not available in the way of research for prospective parents who are not ‘coined’ as high risk or in need of intervention measures or educational programs after a child is born. This is not to say that education need not continue throughout the process of parenthood. It is to say, however, why wait? A closer look at the idea that most prospective parents, by nature or nurture, are at risk for difficulty during parenthood would be beneficial, because from the time one is born he/she is learning what it means to be a parent, emotionally, intellectually, physically, spiritually, socially/interpersonally, and environmentally.

Calling upon people who have expertise in childrearing, child development, child abuse and neglect, parenting education, family life, research and instrument construction was an important facet in the development of instruments used to enhance positive parenting potential. Those panels of experts were able to establish face and content validity of the instrument being developed. In addition, they could make comments and

recommendations regarding the instrument based upon the many years experience which they individually, and collectively, brought to the table. Likert-type scales were the model for many of the instruments discussed, seeming to be easily read and understood by the subjects, as well as less time consuming than those instruments containing open-ended questions. This enables feedback to be given to individuals regarding their current state of health and wellness as related to parenting. Factor Analysis was utilized in the studies discussed to determine the actual subscales within the instrument. The use of factor analysis affords the investigator to go beyond what were hypothesized to be the subscales and bring forth those subscales that represent the items within the instrument. In some cases, subscales will be collapsed, creating a lesser number within the instrument and in other cases subscales surfaced that were entirely different than those originally hypothesized. Cronbach's alpha was used repeatedly to determine internal consistency.

Although the literature suggested that parenting is multiply determined, it was also suggested that, more often than not, one would parent as they were parented. A facet of life's process is that by the time one reaches adulthood his/her 'carry-on bags' will constantly be close at hand as the attempt is made to be part of a couple and then to become a parent. And, while prevention has been a rather abundantly used ideal in every societal arena, perhaps coupling preventive and potentiation measures could provide another choice for those open to all possibilities.

CHAPTER III

METHODOLOGY AND DESIGN

INTRODUCTION

The research design, instrument construction, and sampling procedures are presented in this chapter. The following address the problem under study:

- (a) procedures for constructing the Instrument,
- (b) selection of the sample to be studied, and
- (c) development of a valid and reliable Parent Potentiation Instrument.

The purpose of this chapter was to outline the methodology necessary to develop a valid and reliable Parent Potentiation Instrument (PPI) for prospective parents. In an attempt to strengthen the instrument a combination of scaling techniques were employed (Rubinson & Neutens, 1987). The scale techniques incorporated were Likert (1967), Thurstone (1929), and Factor Scaling. Factor analysis was utilized for analysis of data to determine underlying sources of variance/subscales. Internal-consistency reliability was assessed through the application of Cronbach's alpha.

PROCEDURES FOR CONSTRUCTION THE PPI

The following procedures were followed in the development of the PPI:

1. With the assistance of an expert panel of jurors a table of specifications was created and validated.
2. Construction and validation of item pool.
3. A panel of jurors was utilized to establish content validity.
4. Construction of preliminary instrument.
5. Revision of the preliminary draft of instrument.
6. Preliminary pilot population was identified.
7. Administration of preliminary instrument.

8. Item analysis and reliability check of returns.
9. Construction of final instrument.
10. Pilot study population
11. Administration of final instrument.
12. Final instrument analysis

DEVELOPMENT OF THE TABLE OF SPECIFICATIONS

The following six domains were selected for inclusion in the table of specifications as a result of an extensive review of the literature pertaining to the six dimensions of ones' health and wellness:

1. Spiritual Health (Insel & Roth, 1994) - one's overall abundance for the capacity to love ones' self and others, to feel joy, peace, and fulfillment even in the midst of chaos, the ability to discriminate between self and ego, and being connected to a higher source of guidance.
2. Physical Health (Insel & Roth, 1994) - the state of one's physical wellness, determined by caring for ones' self through exercise, attention to nutrition, making responsible decisions about sex, learning about and caring for ones' individual needs, avoiding harmful habits, getting regular medical and dental check-ups, and understanding, as well as taking steps toward creation of personal health.
3. Intellectual Health (Insel & Roth, 1994) - being open to new ideas, new thoughts, and new skills, challenging ones' self through opportunities for growth, asking questions and thinking critically, being tolerant and accepting of those with different beliefs and opinions, and having a desire to never stop learning.
4. Social/Interpersonal Health (Insel & Roth, 1994) - possessing healthy communication skills, developing the capacity for intimacy, desiring and

cultivating a supportive group of friends and/or family, and participating in, and making a contribution to, one's community, country, and the world at large.

5. Emotional Health (Insel & Roth, 1994) - possessing self-esteem, self-confidence, self-acceptance, and self-control, having the ability to share feelings while maintaining boundaries, having the ability to remain separate from others, trusting in ones' self and others, willingness to be conscious of, and explore, one's thoughts and feelings and identifying obstacles to emotional well-being, and seeking solutions to challenges that may disrupt emotional well-being through the help of others if necessary, i.e. pastor, counselor, therapist, etc. Emotional health fluctuates with one's physical, intellectual, spiritual, and interpersonal health, therefore, maintaining emotional health requires consistent attention to each of the dimensions of health and the ability to recognize a need for change. Emotional health enables one to 'be where they are' and know that 'this too shall pass.'
6. Environmental Health (Insel & Roth, 1994) - refers to person-in-situation or the relationship one has with the immediate environment that she interacts with on a daily basis, as well as the more global environment and learning about, and protecting ones' self from environmental hazards and being interested in taking part to preserve and protect the earth.

A panel of jurors performed the rating and weighting of each domain. The jurors were asked to determine whether or not the domains were appropriate for the purpose of the instrument being developed, and, to suggest viable additions if necessary, to eliminate domains they deemed unnecessary, and finally, to rate and weight the domains according to importance with the total rate and weight equaling 100% (See Appendix A).

The table of specifications included the following:

1. Content Areas; spiritual health, emotional health, physical health, social/interpersonal health, intellectual health, and environmental health.
2. Percentages/Number of Items; this indicated the weighting of each content area and the number of items within each area.
3. Item Numbers; this identified the particular item numbers within each content area.

CONSTRUCTION AND VALIDATION OF ITEM POOL

An extensive search of the literature was conducted to determine the nature of the information to be included in the preliminary instrument. A combination Likert-type scale/Thurstone technique was utilized in the development process. A total of 289 items were initially formulated based upon a comprehensive literature review and placed accordingly within domains (See Appendix B). Those items were identified and formulated through already established scales, through researchers whose work brought forth potential items, through books and articles written about childrearing and parenting that seemed to send items flying from the pages. The panel of jurors was asked to review the initial items generated for the PPI by indicating whether the item was to be included on the instrument, needed to be eliminated, or needed revision. In addition, they were asked to comment on items that elicited any strong reaction. In order to eliminate ambiguity in the preliminary items, and to establish a general point of reference to quantify the contents to be rated by the jury, the designing of a rating scale was deemed necessary. A rating scale with three points on a continuum was utilized for evaluation of all items within the preliminary instrument. The point values of one through three were assigned, respectively, to ratings “not desirable,” “acceptable,” and “essential.” The following mean rating scale values were utilized for the selection and acceptance of each item into the preliminary instrument:

1. One point = not desirable

2. Two points = acceptable
3. Three points = essential

All items receiving a point value of one were subject to elimination. Results from analysis of the jurors' responses were taken as a measure of both face and content validity.

SELECTION OF PANEL OF JURORS

The following criteria were utilized in selection of jurors deemed qualified to provide a measure of face validity and content validity for items to be included in the PPI:

1. Expertise in child development/child rearing.
2. Expertise in the area of parenting education.
3. Expertise in the area of family life.
4. Expertise in the area of child abuse.
5. Involvement in research and/or teaching in the areas of parenting and/or child rearing.

An initial phone call was made to seven prospective jurors with a follow-up letter explaining the purpose of the study and a preliminary instrument checklist, requesting the individual to indicate his/her willingness or refusal to serve as a juror, was forwarded to each of the prospective panel members. All individuals indicating willingness to serve as jurors were mailed copies of the preliminary instrument with definite instructions for processing it and statement of appreciation for assisting in the development and validation of this instrument. The jurors were requested to return the preliminary instrument within three weeks. A follow-up letter was sent at the end of the three-week period to any juror who had not returned the instrument. If an additional week went by with no communication from the juror, a personal phone call was made. Each rated instrument completed by a juror was checked for completeness and usability. The following list comprise the expert panel of jurors who participated in this study:

1. Kay Miller, RN
2. Nancy S. Buck, Ph.D.
3. Stephen J. Bavolek, Ph.D.
4. Susan Neece, M.A.
5. Edwin B. Hutchins, Ph.D.
6. Dorothy Hutchins, Ph.D.
7. Marty Prior, LCSW, BCD

A biographical sketch of each of the above authorities is presented in Appendix C.

CONSTRUCTION OF PRELIMINARY INSTRUMENT

Based on results from the jury panel, the item pool was narrowed by using the previously mentioned rating scale to form the preliminary draft. A few items with a rating of 1.2 were used in order to insure enough items within a particular domain. The preliminary instrument consisted of 116 items (See Appendix D). The items were randomly organized, the instructions were inserted, and the responses and record format were re-coded. Items were re-coded so the scale would accurately reflect both the positively worded and negatively worded items. Instructions were written for understanding and accuracy.

REVISION OF PRELIMINARY DRAFT OF INSTRUMENT

The panel of jurors' ratings on the preliminary instrument was inputted into the SPSS program for easy identification and computation. Each item was rated for appropriateness and accuracy. To indicate the level of agreement by the jurors, the mean was computed for each item. It was on the basis of this computation that the appropriate items were selected for inclusion in the initial instrument. Other criteria used in item selection for the initial instrument included:

1. The length of the instrument, which was based upon results of the (juror's) rating and weighing of domains.
2. Elimination of duplication and ambiguity in the instrument items.

The initial instrument was constructed after a careful breakdown of the rating of members of the jury. Any item receiving a mean rating below 1.2 was eliminated.

A high level of agreement among qualified persons is a prerequisite for developing validity for any instrument (Gay, 1976). Therefore, the level of agreement among the jurors was the basis for validity of this instrument. The mean rating of each item was computed to indicate the level of agreement reached and verify the content validity of this instrument.

Upon completion of the initial instrument by participants, factor analysis was used to determine if the items were congruent with the domain within which they were placed and Cronbach's alpha was utilized to determine internal-consistency reliability. Furthermore, factor analysis was used to determine major sources of variance, which theoretically, having six domains, suggested that there would be six factor loadings that would speak to those six domains. The use of factor analysis would determine the specific domains that would be present within the instrument.

PILOT STUDY POPULATION

A sample of convenience totaling 311 subjects was obtained from a university-wide course at The University of Texas, El Paso. The professor for the course was contacted and permission was granted to attend his class and ask volunteers to fill out the inventory

ADMINISTRATION OF PRELIMINARY INSTRUMENT

A preliminary study utilizing this instrument was conducted at The University of Texas, El Paso, with students enrolled in the spring, 2001 UNIV 2350 Interdisciplinary

Technology and Society course. A total of 311 students, ages 18 to over 43 years, volunteered to participate in the pilot study. Selection criteria were based simply upon availability, willingness to participate, and approval of the given institution's human subjects review committee. The instrument was administered and completed during one class period, after the purpose of the study was explained (See Appendix E), directions given, and students had signed a voluntary consent form (See Appendix F).

ITEM ANALYSIS AND RELIABILITY CHECK

Factor analysis was utilized to probe the underlying interrelationships in the Likert-type variables in the PPI. This procedure was helpful in knowing whether or not all the statements or items within a particular domain were, in fact, representative of that domain. The use of factor analysis would help to tease out domains that had not been accounted for as well as help to eliminate those domains hypothesized to be there but were not. Cronbach's alpha for internal consistency was applied to determine the interpretability of each domain. In basic research, it has been argued that increasing reliabilities much beyond .80 is often wasteful (Nunnally, 1978), and that reliability of .70 or higher is acceptable.

CONSTRUCTION OF FINAL INSTRUMENT

Exploratory Factor Analysis and Cronbach's Alpha were utilized in determining which items would best represent the final Parent Potentiation Instrument.

Finding out whether the variables in the total set would form the six coherent subscales as they relate to the six domains was of great importance. The factor loadings reflect the underlying process that creates the correlations among variables. In other words, the procedure would be able to reduce the number of original variables into a few common components capable of accounting for most of the variability in the data set and should correspond to each of the six health dimensions. A minimum of 100 respondents

is required for a valid factor analysis (Tabachnick & Fidell, 1996). Over 300 individuals participated in this study fulfilling the requirements for a valid factor analysis.

Prior to running the factor analysis, all variables were checked so all of them had the same valence e.g. because a “strongly agree-strongly disagree” ratings were used, the strongly agree was consistently assigned a scale value of 5 and the strongly disagree had a scale value of 1. Using inconsistent rating value assignments would result in negative correlation for some items and positive correlation for other items that would make interpretation difficult and complicated (Tabachnick & Fidell, 1996). Cronbach’s alpha for internal consistency (Rubinson & Neutens, 1987) would be applied to determine the internal consistency of each subscale.

FINAL STUDY POPULATION

A sample of convenience representative of the preliminary population, totaling 236 subjects, was obtained from a university-wide course at The University of Texas, El Paso.

ADMINISTRATION OF FINAL INSTRUMENT

A pilot study utilizing this instrument was conducted at The University of Texas, El Paso. A total of 236 students enrolled in the fall, 2001 UNIV 2350 Interdisciplinary Technology and Society course volunteered to participate in the study. Selection criteria were based upon availability, willingness to participate, and approval of the given institution’s human subjects review committee. The instrument was administered and completed during one class period, after the purpose of the study was explained (See Appendix E), directions given, and students had signed a voluntary consent form (See Appendix F).

FINAL INSTRUMENT ANALYSIS

Measures of central tendency and variability for the final instrument were determined. Quartiles were calculated to reveal the high and low scores to begin a starting point for creating normative data. Cronbach's Alpha was used to determine internal reliability of the final instrument.

SUMMARY

It was the purpose of this chapter to give the reader a presentation of the methodology and procedures utilized in development of the Parent Potentiation Instrument. The instrument designed was constructed as a result of an extensive search of related literature, opinions, suggestions, and advice of experts in the field of child development and parenting education, as well as individuals who are specialists in research instrument construction.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

INTRODUCTION

The purpose of this study was to develop a valid Parent Potentiation Instrument for prospective parents that would assist them in becoming aware of particular dimensions for growth opportunities regarding necessary components for positive parenting.. This chapter presents the analysis and interpretation of the data from this study.

As was detailed in Chapter III on Methodology, six domains, selected as a result of an extensive review of the literature, were submitted to an expert panel of jurors to be rated and weighted according to the felt need of inclusion in the Parent Potentiation Instrument being developed. A compilation of 289 items, indicative of the six domains, was sent to the jurors in order to establish face and content validity.

In keeping with the format discussed in Chapter III, the following are the results based on the procedures for constructing the PPI:

TABLE OF SPECIFICATIONS

Asking the panel of jurors to rate and weight the potential six domains to be used within the instrument served as a basis for developing a table of specifications. The results were as follows:

Table 1 contains the ratings of each domain by the jurors. Jurors were asked to rate the importance of each domain on a scale of 1-5, with 1 being least important. The results showed a consensus regarding inclusion of the domains that were selected based upon an extensive literature review. And furthermore, although some domains were believed to be more significant than others, there was a consensus that, perhaps, those areas of health, in combination, may indeed contribute to the way an individual parents a child.

Table 2 includes the jury weightings and analysis of the domains within the instrument:

Table 1. Juror Ratings of Importance of Domains.

	JUROR RATINGS							
Health Domains	1	2	3	4	5	6	7	Mean
Physical	2	4	5	4	3	5	3	3.8
Emotional	3	5	5	5	5	5	5	4.7
Intellectual	3	4	5	5	4	5	4	4.2
Social/Interpersonal	4	4	5	5	4	5	5	4.6
Spiritual	4	4	5	5	3	2	3	3.7
Environmental	3	3	3	4	2	4	2	3.0

Table 2. Juror Weightings of Domains

	JUROR WEIGHTS							
Health Domains	1	2	3	4	5	6	7	Mean
Physical	5%	20%	10%	10%	15%	20%	15%	14%
Emotional	15%	25%	20%	20%	20%	30%	30%	23%
Intellectual	15%	15%	20%	20%	20%	20%	15%	18%
Social/Inter-personal	30%	15%	10%	20%	20%	15%	25%	19%
Spiritual	30%	15%	20%	20%	15%	5%	10%	16%
Environmental	5%	10%	10%	10%	10%	10%	5%	9%

Upon receipt of the ratings and weightings from the expert panel of jurors, the preliminary instrument consisting of 289 items representing the six domains was then sent to the jurors for validation (See Appendix G). Once that step was completed, the juror's ratings of those 289 items were inputted into the SPSS program for easy identification and computation. Of those 289 items, 116 items were retained for the administration of the pilot study. Items receiving a mean rating of 1.5 or above were retained and included in the pilot instrument, with less than 10 items being included that had a rating of 1.2 (these items retained to fulfill the percentages of certain domains recommended by the jurors).

The table of specifications included the following domains that were based upon an extensive review of the literature pertaining to the six dimensions of ones' health and wellness:

1. Spiritual Health (Insel & Roth, 1994) - one's overall abundance for the capacity to love ones' self and others, to feel joy, peace, and fulfillment even in the midst of chaos, the ability to discriminate between self and ego, and being connected to a higher source of guidance.
2. Physical Health (Insel & Roth, 1994) - the state of one's physical wellness, determined by caring for ones' self through exercise, attention to nutrition, making responsible decisions about sex, learning about and caring for ones' individual needs, avoiding harmful habits, getting regular medical and dental check-ups, and understanding, as well as taking steps toward creation of personal health.
3. Intellectual Health (Insel & Roth, 1994) - being open to new ideas, new thoughts, and new skills, challenging ones' self through opportunities for growth, asking questions and thinking critically, being tolerant and accepting of those with different beliefs and opinions, and having a desire to never stop learning.
4. Social/Interpersonal Health (Insel & Roth, 1994) - possessing healthy communication skills, developing the capacity for intimacy, desiring and cultivating a supportive

group of friends and/or family, and participating in, and making a contribution to, one's community, country, and the world at large.

5. Emotional Health (Insel & Roth, 1994) - possessing self-esteem, self-confidence, self-acceptance, and self-control, having the ability to share feelings while maintaining boundaries, having the ability to remain separate from others, trusting in ones' self and others, willingness to be conscious of, and explore, one's thoughts and feelings and identifying obstacles to emotional well-being, and seeking solutions to challenges that may disrupt emotional well-being through the help of others if necessary, i.e. pastor, counselor, therapist, etc. Emotional health fluctuates with one's physical, intellectual, spiritual, and interpersonal health, therefore, maintaining emotional health requires consistent attention to each of the dimensions of health and the ability to recognize a need for change. Emotional health enables one to 'be where they are' and know that 'this too shall pass.'
6. Environmental Health (Insel & Roth, 1994) - refers to person-in-situation or the relationship one has with the immediate environment that she interacts with on a daily basis, as well as the more global environment and learning about, and protecting ones' self from environmental hazards and being interested in taking part to preserve and protect the earth.

PILOT POPULATION

The pilot population being used for this study was a sample of convenience obtained from The University of Texas, El Paso. A total of 311 students, ages 18 to over 43 years, volunteered to participate in the pilot study. Female volunteers accounted for 68% of the population and male volunteers accounted for 32% of the population. Hispanics made up 77% of the population with the remaining 23% comprised of Caucasians (11.3%), Blacks (2.3%), Asians (1.3%), American Indians (.6%) and Other (7.1%). One third of the population are parents while 83% were raised in a two parent home. The current socioeconomic status of 50% of the population is within the poverty

range and only 8% of the population studied does not have siblings. See Table 3 for remaining demographic information.

Table 3. Profile of Pilot Population.

Profile Factor	Frequency	Percent
Age		
18-21	81	26.2
22-28	145	46.9
29-35	44	14.2
36-42	24	7.8
43 or older	15	4.9
Race		
White	35	11.3
Black	7	2.3
Asian	4	1.3
Hispanic	240	77.4
American Indian	2	.6
Other	0	0
Religion	22	7.1
Protestant	25	8.1
Catholic	223	71.9
Unitarian	1	.3
Jewish	56	18.1
Other	5	1.6
Marital Status		
Single	204	65.8
Married	83	26.8
Separated/Divorced	23	7.4
Widowed	0	0
Number of Children		
None	211	68.1
1	45	14.5
2	26	8.4
3	18	5.8
4 or more	9	2.9
Raised By		
Both parents	256	83.4
Mother	41	13.4

Table 3. Continued

Profile Factor	Frequency	Percent
Raised by Con't.		
Father	5	1.6
Grandparent	4	1.3
Other	1	.3
Income/Current Household		
\$8,000-\$14,999	50	16.1
\$15,000-\$24,999	74	23.9
\$25,000-\$34,999	47	15.2
\$35,000-\$44,999	29	9.4
\$45,000-\$55,000	43	13.9
Other	67	21.6
Income/Family of Origin		
\$8,000-\$14,999	68	22.1
\$15,000-\$24,999	72	23.5
\$25,000-\$34,999	44	14.3
\$35,000-\$44,999	46	15.0
\$45,000-\$55,000	40	13.0
Other	37	12.1
Education Completed		
High School	175	56.8
Associates	96	31.2
Bachelors	28	9.1
Some Graduate Hours	9	2.9
Masters	0	0
Doctorate	0	0
Number of Siblings		
None	24	7.7
1	54	17.4
2	71	22.9
3	69	22.3
4 or more	85	27.4
No./Siblings Older		
None	106	34.4
1	85	27.6
3	30	9.7
4 or more	40	13.0

Table 3. Continued

Profile Factor	Frequency	Percent
Suffer from Chronic Illness		
Yes	22	7.1
No	287	92.6
Parent Suffer/Chronic Illness		
Yes	34	10.9
No	275	88.4
Hometown		
Rural area	42	13.9
Small town	47	15.6
Suburban area	52	17.2
Urban area	160	53.0
Gender		
Female	210	68.4
Male	97	31.6

N=311

ANALYSIS OF PILOT RESULTS

Factor analysis was used to determine the major sources of variance within the total instrument. It was important to determine if these sources matched the initial domains, the six dimensions of health (emotional health, social/interpersonal health, intellectual health, physical health, environmental health, and spiritual health).

Exploratory Factor Analyses were conducted using eight-factor solution all the way down to a three-factor solution to see which best represented the data (Tabachnick & Fidell, 1996). For all analyses, principal axis factoring was used with criteria for factors being eigenvalues >1 . Factors were rotated to simple solutions using the direct oblimin method. In the end, the three-factor solution was the most interpretable (See Appendix H). The first factor had an eigenvalue of 28.48 and accounted for 25% of the variance. Factor two had an eigenvalue of 3.38 and accounted for 3% of the variance. The third factor had an eigenvalue of 3.27 and accounted for 3% of the variance. Factor loadings for each of the three factors was $> .32$. The three factors accounted for 33% of the total

variance. Based on the content, factor one was called Childhood Experiences. Titled Current Health Status, factor 2 had 12 items loading $> .32$ and with the exception of environmental health, this factor was representative of five of the "dimensions of health." Factor 3 had 6 items loading $> .32$. It corresponded entirely with one of the initial domains, Environmental Health. This factor represented environmental health during the individual's childhood. Tables 4, 5, and 6 contain the analysis of pilot results.

The three factors were positively correlated. The correlation of factor one and factor two equals $.37$, factor one and factor three equals $.23$ and factor two and factor three equals $.13$. The internal consistency of each factor was determined using Cronbach's coefficient alpha. The results demonstrated good internal consistency, with alphas being $.94$, $.80$, and $.70$, for Factors one, two, and three respectively. The final subscales are represented in Appendix I. The reliability analysis for factor one initially had 24 items, but was reduced to 22 items because two of the items were shown to have poor item-total correlations. The same was true for factor two with the initial check having 13 items, but eliminating one item due to poor item-total correlations.

Exploratory Factor Analysis and Cronbach's Alpha were utilized in determining which items would best represent the final Parent Potentiation Instrument. Three subscales factored out for a total of 40 items. Factor one was clearly that of childhood experiences and included the following 22 items from the pilot study instrument; 82, 44, 87, 40, 38, 6, 55, 9, 2, 79, 73, 41, 50, 112, 86, 14, 43, 98, 97, 31, 52, and 102. Factor two was clearly current health status and included the following 12 items from the pilot study instrument; 36, 21, 53, 60, 19, 7, 24, 61, 35, 3, 13, and 42. Factor three was clearly (childhood) environmental health and included the following 6 items from the pilot study instrument; 67, 29, 92, 66, 28, and 30.

Environmental health was the only original domain to factor out conclusively and yet, there is an interesting phenomenon that seemed to be present. As the items of factor one and factor two were read, the original domains (emotional health, physical health,

environmental health, social/interpersonal health, intellectual health, and spiritual health), were clearly the overarching theme.

Table 4. Items Factored From Pilot Results For Factor I.

ITEM #	FACTOR I	MEAN SCORE
1	When I was growing up, the atmosphere in my family was cold and negative. *	4.2
2	When I was growing up, I received unconditional love from my parent(s).	4.2
6	When I was growing up, my parent(s) offered reasonable limits and structure.	3.9
7	My parent(s) often let me know how happy they were that I was born.	3.6
9	I felt loved by my family growing up.	4.3
10	My parent(s) loved me with no strings attached.	4.4
12	When I was growing up, my parent(s) responded responsibly in crisis situations.	4.1
13	My parent(s) were perfect models for parenting.	3.5
15	When I was growing up, our family solved problems together.	3.2
17	As a child, I saw affection between my parents.	4.1
18	When I was growing up, my family showed positive physical affection (e.g. Hugging, touching, kissing).	3.8
20	As a child, I observed my parents sharing their feelings and needs with one another.	3.2
21	When I was growing up, I felt like a stranger in my own home. *	4.3
24	When I was growing up, my family resolved conflicts without getting physical.	3.7
25	I learned how to effectively deal with change by watching my parent(s).	3.7
27	Childhood was a lonely time for me. *	4.1
28	Growing up, I felt unworthy and unlovable. *	4.4
31	When I was growing up, my parent(s) received their main source of comfort and care from each other.	3.4
32	When I was growing up, I learned to “give and take” in my family.	4.0
34	It was often chaotic in my home growing up. *	3.6
35	When I was growing up, and one parent was upset with the other, they dealt with each other directly.	3.4
38	When I was growing up, love and understanding countered the occasional outburst or upset.	3.6

* Items Recoded

Factor Mean Score – 3.8

Table 5. Items Factored From Pilot Results For Factor II.

ITEM #	FACTOR II	MEAN SCORE
3	I feel relaxed meeting new people	3.7
4	Physically, I am strong	4.0
8	I think I am “wonderful person.”	4.2
11	I am neither agile nor graceful. *	3.9
16	I think that my friends believe that I am good at helping them solve problems.	4.1
19	I feel good about myself.	4.3
22	I’m not good at activities involving physical dexterity. *	3.7
26	I have poor muscle tone. *	3.8
29	I have a friend I could go to if I were just feeling down, without feeling funny about it later.	4.2
33	My friends enjoy hearing what I think.	4.0
36	Most of the time I feel at peace with myself.	4.0
39	I feel free to disagree with other people.	4.1

* Items Recoded

Factor Mean Score – 4.0

Table 6. Items Factored From Pilot Results From Factor III.

ITEM #	FACTOR III	MEAN SCORE
5	When I was growing up, my parent(s) expected me to use correct grammar and pronunciation.	3.7
14	When I was a child, my parent(s) took me to a museum.	3.1
23	When I was a child I worked puzzles at home.	4.0
30	When I was a child, I was expected to make my bed, pick up my toys, and clean my room.	4.2
37	When I was a child my parent(s) subscribed to various magazines.	2.5
40	Where I played as a child was safe and free of hazards.	3.7

* Items Recoded

Factor Mean Score – 3.5

Table 7 represents analysis of the preliminary instrument administration utilizing the three factors determined to best define the domains within the Parent Potentiation Instrument. The final form of the instrument, entitled the Parent Potentiation Inventory, is presented in Appendix J.

ADMINISTRATION OF FINAL INSTRUMENT

The final 40-item instrument (See Appendix J) was administered to a population that was representative of the pilot population for the preliminary instrument. A sample of convenience was obtained from a university-wide course at The University of Texas, El Paso.

The instrument was administered and completed during one class period, after the purpose of the study was explained (See Appendix E), directions given, and students had signed a voluntary consent form (See Appendix F). The time taken to complete the final instrument was 12-20 minutes.

FINAL POPULATION

A total of 236 students, ages 18 to over 43 years, volunteered to participate in the pilot study. Female volunteers accounted for 61% of the population. Hispanics made up 86% of the population with the remaining 14% comprised of Caucasians (8.9%), Blacks (.8%), Asians (.4%), American Indians (.6%) and Other (1.7%). Sixty percent of the population is not currently parents while 79% were raised in a two-parent home. The current socioeconomic status of 37% of the population is within the poverty range and only 7% of the population studied does not have siblings. See Table 8 for remaining demographic information.

Table 7. Analysis of Preliminary Instrument Administration.

SUBSCALE	NO. OF ITEMS	MEAN	STANDARD DEVIATION	ALPHA
Childhood Experiences	22	3.8	.76	.94
Current Health Status	12	4.0	.49	.80
Environmental Health	6	3.52	.76	.70

N=311

Table 8. Profile of Population.

Profile Factor	Frequency	Percent
Age		
18-21	47	19.9
22-28	120	50.8
29-35	40	16.9
36-42	15	6.4
43 or older	14	5.9
Race		
White	21	8.9
Black	2	.8
Asian	1	.4
Hispanic	202	85.6
American Indian	4	1.7
Other	6	2.5
Religion		
Protestant	28	11.9
Catholic	163	69.1
Unitarian	2	.8
Jewish	1	.4
Other	42	17.8
Marital Status		
Single	142	60.2
Married	76	32.2
Separated/Divorced	18	7.6
Widowed	0	0
Number of Children		
None	141	59.7
1	45	19.1
2	30	12.7
3	16	6.8

Table 8. Continued

Profile Factor	Frequency	Percent
No./Children Con't.		
4 or more	4	1.7
Raised By		
Both parents	186	78.8
Mother	44	13.4
Father	1	.4
Grandparent	1	.4
Other	3	1.3
Income/Current Household		
\$8,000-\$14,999	40	16.9
\$15,000-\$24,999	48	20.3
\$25,000-\$34,999	42	17.8
\$35,000-\$44,999	33	14.0
\$45,000-\$55,000	28	11.9
Other	45	19.1
Income/Family of Origin		
\$8,000-\$14,999	49	20.8
\$15,000-\$24,999	47	19.9
\$25,000-\$34,999	46	19.5
\$35,000-\$44,999	36	15.3
\$45,000-\$55,000	21	8.9
Other	37	15.7
Education Completed		
High School	132	55.9
Associates	83	35.2
Bachelors	16	6.8
Some Graduate Hours	5	2.1
Masters	0	0
Doctorate	0	0
Number of Siblings		
None	16	6.8
1	54	22.9
2	67	28.4
3	37	15.7
4 or more	61	25.8
No./Siblings Older		
1	67	28.4
2	41	17.4

Table 8. Continued

Profile Factor	Frequency	Percent
No./Sibs. Older/Con't.		
3	20	9.7
4 or more	18	7.6
None	89	37.7
Suffer from Chronic Illness		
Yes	16	6.8
No	220	93.2
Parent Suffer/Chronic Illness		
Yes	21	8.9
No	215	91.1
Hometown		
Rural area	44	18.6
Small town	32	13.6
Suburban area	52	22.0
Urban area	106	44.9
Gender		
Female	144	61.0
Male	92	39.0

N=236

ANALYSIS OF FINAL RESULTS

Measures of central tendency, variability, and reliability were determined for the final instrument. The results are displayed in Table 9. The results of the final instrument analysis support an overall reliable scale with an alpha of .93. However, with an alpha of .67, including additional items could strengthen the Environmental Health subscale.

SUMMARY

The purpose of this chapter was to present information that was used in the evaluation of the PPI that was developed and validated as part of this investigation. A valid and reliable Parent Potentiation Instrument was developed. The process leading to the development of the PPI included a panel of jurors that rated and weighted the domains to be included in the PPI. In addition, the jurors validated the items that would be used on the preliminary instrument. The population studied was a sample of convenience from a class at The University of Texas, El Paso. The preliminary data collected was evaluated by using factor analysis and Cronbach's Coefficient Alpha, which was used to develop the final instrument. Measures of central tendency and variability were determined and quartiles were calculated to reveal the high and low scores for the final instrument. The results of the final instrument analysis support an overall reliable scale with an alpha of .93.

Table 9. Analysis of Final Instrument Administration.

	CHILDHOOD EXPERIENCES	CURRENT HEALTH STATUS	ENVIRONMENTAL HEALTH	TOTAL SCORE
Mean	3.7	3.9	3.4	3.7
Standard Deviation	.81	.51	.77	.61
Variance	.65	.26	.60	.37
Minimum	1.1	2.0	1.2	1.8
Maximum	5.0	5.0	5.0	5.0
25 th Percentile	3.1	3.6	2.8	3.4
50 th Percentile	3.9	4.0	3.5	3.8
75 th Percentile	4.3	4.3	4.0	4.1
Alpha	.94	.74	.67	.93

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

INTRODUCTION

The purpose of this study was to develop a valid Parent Potentiation Instrument for prospective parents that would assist them in becoming aware of particular dimensions for growth opportunities regarding necessary components for positive parenting. In addition, an instrument such as the one being developed, would assist health care professionals with objective measures or assessments to give guidance, feedback, and education to prospective parents.

To fulfill this purpose, a panel of seven expert jurors validated the items to be used within the instrument and 311 volunteer participants completed the instrument in a preliminary study to determine the best items to be included within the instrument.

Data generated through collection were analyzed through factor analysis and Cronbach's coefficient alpha.

In order to begin establishing normative data, a pilot study was conducted using the final instrument. Two hundred thirty six volunteer participants completed the final instrument.

SUMMARY OF FINDINGS

The results of this study revealed that the PPI contained three domains, not six. One of those three domains was environmental health, which was, however, one of the original six domains. The outcome of the factor analysis suggested that three subscales best represent the content of the PPI: Childhood Experience, Current Health Status, and Environmental Health During Childhood. The resulting 40-item instrument has both face and content validity and is internally consistent. The instrument is found in Appendix J.

The results of the pilot study utilizing the final instrument revealed an overall reliable scale with an alpha of .93. However, the Environmental Health subscale had an alpha of .67. Therefore, additional items should be added to strengthen this subscale.

The age groups of the populations were similar between the pilot study and the final study and the majority of volunteers in each study were Hispanic. The major difference in religion between the two populations was, in the pilot study 18% of the population were Jewish while only .4% of the population were Jewish in the final study. However, the majority of the population in both studies was Catholic. The marital status of both populations was similar with a major difference showing up in the number of children. In the pilot study 211 participants had no children while only 141 participants had no children in the final study. In the pilot study 256 participants were raised in a two-parent home while 186 were raised in a two-parent home in the final study. The current income for participants was similar between both studies.

CONCLUSIONS

Based on the analysis of the data and subsequent findings the following conclusions have been reached:

1. An instrument could be constructed to measure parent potentiation.
2. The instrument is valid and internally reliable for measuring and assessing parent potential of prospective parents in an Hispanic population.

RECOMMENDATIONS

The following are recommendations based upon the results of this study:

1. It is recommended that a study be conducted with more diverse populations.
2. Subsequent studies using this instrument should address an additional domain; the desire to be a parent.

3. It is recommended that a longitudinal study be conducted for those prospective parents who choose to complete the PPI.
4. Further research with this instrument needs to be conducted to establish normative data relative to parent potentiation.

SUMMARY

This chapter discussed the summary of findings, conclusions, and recommendations generated by this study. The next chapter, Chapter VI, will include discussion, the study in retrospection, and discuss specific future directions for recommendations generated by this study.

CHAPTER VI

THE STUDY IN RETROSPECT

This chapter is a summary of the author's reflections regarding the process of this study.

INTRODUCTION

The motivation behind this study was the belief that if individuals could be helped in becoming better parents perhaps many of the anomalies that are rampant in today's society e.g. addictions, violence, child abuse and neglect could be prevented. Individuals are products of their environment and parents have major control over the environment in which their children are raised. Giving thought to one's personal childhood experiences and how those experiences have contributed to behaviors that may be destructive to the self and others might lessen chances of passing on the legacy of poor parenting.

DISCUSSIONS

There were demographic similarities between this study and previous studies, with the exception that the current population under study was mainly Hispanic. Those similarities included age, gender, and marital status. Also included in this study was a demographic question regarding who the subject was "raised by." Eighty-two percent and 79% of the participants were raised in a two-parent home in the pilot and final studies respectively. In today's society that is practically unheard of with the overall statistics regarding marriages being one out of two ending in divorce. One might wonder if this has to do with seventy-seven percent of the participants being Hispanic, seventy-two percent of the participants being Catholic, a combination of both, or none of the above.

The findings regarding the domains within the inventory differed from the anticipated domains of the six dimensions of health, with one exception being environmental health. However, one might argue that the three domains (or sub-scales, if you will) that surfaced fall under an overarching theme of the six dimensions of health

and well-being. The literature revealed that health is multiply determined and is a dynamic process, with each dimension effecting the others, one dimension cannot be ferreted out to stand alone. As we look at parenting skills, parenting attitudes and parenting beliefs, it would make sense that those six dimensions would be hovering below the surface of what makes an individual 'tick.' How well an individual is, emotionally, physically, spiritually, intellectually, socially/interpersonally, and environmentally, will impact every choice he/she makes. Although Vondra and Belsky (1993) support that belief when suggesting that parenting behavior is shaped by personality and relationship factors, they feel that more research needs to be done on relationship factors and psychological factors being determinants of parenting. Hendrix and Hunt (1997) have said, "Conscious parenting is a spiritual discipline." Some researchers took a multilevel analysis approach (Belsky, 1984, Heinicke, 1984, Parke & Tinsley, 1982), to look at the determinants of parenting. They include personal resources of the parents, child characteristics, contextual sources of stress and support, parents characteristics, quality of their marriage, status of support systems, and culture itself as possible determinants of parenting. Bronfenbrenner's Ecological Model (1979) would certainly take all of those possibilities into consideration. Bronfenbrenner (1979) and Wood, et al. (1988), support a systems and ecological perspective as being practical for children functioning within the structure of family and society.

Parenting is a process and sometimes individuals are not 'ready' to know, or do, something different. It may take an event, a circumstance, or a child with a certain personality, to awaken this need within a parent to 'do something different.' It is not being suggested that there be rules and guidelines for individuals who want to be parents, only that there be an abundance of opportunity for individuals to reach out for help in making healthy choices.

There were two aspects of this study that should have been different. Both aspects have to do with the population under study. The original idea was to use a population

consisting of participants who were seeking a childbirth experience utilizing birthing centers rather than the usual hospital type setting. It was hypothesized that persons making a conscious choice to have a different experience in childbirth may also be, or be ready for, making conscious choices regarding childrearing. An initial letter was sent to 170 birthing centers across the country asking for volunteers to participate in this study. A response came back from 53 Centers, 40 of which were willing to participate. Time-constraints and number of volunteers presented a difficulty. In order to develop a valid instrument at least 300 participants would be required. These facilities often times consisted of one mid-wife practicing from her home, so it was highly unlikely that 300 participants would have come from 40 facilities. In addition, to complete this study in a timely fashion, it simply seemed out of the question to move forward utilizing the birthing centers to obtain the study population. However, there are now 40 birthing centers that, once this study is complete, are ready and waiting to have volunteers complete the PPI. These birthing centers would be a useful place to test the PPI.

The second aspect under question is the diversity of the pilot population. The population available for this study was mainly of Hispanic origin and a more diverse group of participants would have enhanced the strength of the generalizability. Therefore, it must be concluded that the instrument developed is valid and internally reliable primarily for an Hispanic population.

FUTURE DIRECTIONS

Reflecting on the abundance of literature pertaining to teenage pregnancy, parent education, child development, parenting skills, etc., a gaping hole exists in preparation to prevent any of those from occurring. They are addressed with high-risk individuals or, once the children are on the scene, which then becomes an intervention program. Literature tells us that we begin learning how to parent the moment we are born. The difficulty is that some children are learning from less than adequate teachers. If school

systems would include in their curriculum, from pre-school on, a health course that truly teaches children how to care for themselves, emotionally, physically, spiritually . . . they would understand that they must first do that for themselves and then they will have the ability to care for others. It goes beyond just a health course however, if our teachers knew how to care for themselves in a whole and conscious way children would learn by watching and practicing those behaviors. After all, that is how children learn best, by doing and not just being lectured to. This is not to suggest that this should be left up to teachers alone, but many children are not getting adequate education in the homes.

FUTURE STUDIES

The PPI is only one possible avenue toward giving guidance to prospective parents. It will be important for this instrument to be used in many arenas with diverse individuals. It should be tested for generalizability and usability. The desire to parent in relationship to healthy parenting, needs to be studied. It is important for health care professionals to use this instrument and do follow-up studies on those they work with. Studies need to be done with control groups in high school settings to be followed-up with at intervals over a period of years. As important as it is to continue work with high risk groups and with parents who need help with their parenting skills, it is equally important to look at those individuals who have the ‘appearance’ that they are prepared to be great parents and actually give them opportunities to be just that.

SUMMARY

This chapter discussed this study in retrospect and looked at the future directions based on the results of this study. Future directions lead to discussion on studies regarding parenting in the future.

BIBLIOGRAPHY

- Allport, S. (1997). *A Natural History of Parenting*. New York: Harmony Books.
- Anderson, C. (1983). An Ecological Developmental Model For a Family Orientation in School Psychology. *Journal of School Psychology*, 21, 179-189.
- Aranoff, J. L., & Lewis, S. (1979). An innovative group experience for couples expecting their first child. *American Journal of Family Therapy*, 7, 51-5.
- Armstrong, T. (1996). Exploring Spirituality: The Development of the Armstrong Measure of Spirituality. In R. L. Jones (Ed.), *Handbook of Tests and Measurements for Black Populations* (Vol. 2, pp. 105-115). Hampton: Cobb & Henry Publishers.
- Baumrind, D. (1971). Current Patterns of Parental Authority. *Developmental Psychology Monograph*, 4(1, Part 2), 1-103.
- Bavelas, J. B., & Segal, L. (1982). Family Systems Theory: Background and Implications. *Journal of Communication*, Summer, 99-107.
- Bavolek, S. J. (1990). *Comprehensive Research Summary of the Adult-Adolescent Parenting Inventory (AAPI)* (). Park City: Family Development Resources, Inc.
- Beidel, D., Turner, S., & Morris, T. (1995). A New Inventory to Assess Childhood Social Anxiety and Phobia: The Social Phobia and Anxiety Inventory for Children. *Psychological Assessment*, 7(1), 73-79.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55, 83-96.
- Belsky, J., & Kelly, J. (1994). *The transition to Parenthood*. New York: Dell Publishing Group, Inc.
- Belsky, J., & Vondra, J. (1985). Characteristics, consequences, and determinants of parenting. In L. L'Abate (Ed.), *Handbook of family psychology and therapy* (pp. 523-536). Homewood: The Dorsey Press.
- Bowlby, J. (1988). *A Secure Base: Parent-Child Attachment and Health Human Development*. Great Britain: BasicBooks.
- Bronfenbrenner, U. (1977). Toward an Experimental Ecology of Human Development. *American Psychologist*, 513-531.
- Bronfenbrenner, U., & Crouter, A. C. (1982). Work and family through time and space. In S. Kamerman & C. D. Hayes (Eds.), *Families that work: children in a changing world* (pp. 39-83). Washington, DC: National Academy Press.
- Buck, N. S. (1997). *Peaceful Parenting and Contextual Essay*. Unpublished Doctorate Degree, The Union Institute Graduate Program.
- Caughy, M. O. B. (1996). Health and Environmental Effects on the Academic Readiness of School-Age Children. *Developmental Psychology*, 32(3), 515-522.
- Ciccone, B. S. (1981). *The Development of an Instrument to Study Attitudes Towards Incest*. Unpublished Ph.D., Temple University.
- Cochran, M. M., & Brassard, J. A. (1979). Child Development and personal social networks. *Child Development*, 50, 601-606.
- Collinsworth, P., Strom, R., & Strom, S. (1996). *Parent Success Indicator: Development and Factorial Validation* (Vol. 56): Sage Publications, Inc.
- Cowan, P. A., & Cowan, C. P. (1988). Changes in marriage during the transition to parenthood: Must we blame the baby? In G. Y. Michaels & W. A. Goldberg

- (Eds.), *The transition to parenthood: Current theory and research*. Cambridge: Cambridge University Press.
- Crouter, A. C. (1984). Participative work as an influence on human development. *Journal of Applied Developmental Psychology*, 5, 71-90.
- Davis, P. W. (1996). Threats of Corporal Punishment As Verbal Aggression: A Naturalistic Study. *Child Abuse & Neglect*, 20(4), 289-304.
- Duncan, S. W., & Markman, H. J. (1988). Intervention programs for the transition to parenthood: current status from a prevention perspective. In G. Y. Michaels & W. A. Goldberg (Eds.), *The transition to parenthood* (pp. 270-310). Cambridge: Cambridge University Press.
- Easterbrook, M. A., & Emde, R. N. (1988). Marital and parent-child relationships: The role of affect in the family system. In R. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families* (pp. 83-103). New York: Oxford University Press.
- Eldridge, A., & Schmidt, E. (1990). The Capacity To Parent: A Self Psychological Approach To Parent-Child Psychotherapy. *Clinical Social Work Journal*, 18(4), 339-351.
- Garbarino, J., & Kostelny, K. (1992). Child maltreatment as a community problem. *Child Abuse and Neglect*, 16(4), 455-464.
- Garbarino, J. C. (1978a). Defining the community context of parent-child relations. *Child Development*, 49, 604-16.
- Garbarino, J. K., & Kostelny, K. (1993). *Neighborhood and Community Influences on Parenting*. Hillsdale: Lawrence Erlbaum Associates.
- Garbarino, J. S. D. (1980). High risk neighborhoods and high risk families: The human ecology of child maltreatment. *Child Development*, 51, 188-198.
- Gay, L. R. (1976). *Educational Research: Competencies for Analysis and Application*. Columbus: Charles E. Merrill Publishing Company.
- Goldberg, W. A. (1988). Perspectives on the transition to parenthood. In G. Y. Michaels & W. A. Goldberg (Eds.), *The Transition to Parenthood: Current theory and research*. Cambridge: Cambridge University Press.
- Goldberg, W. A., & Easterbrooks, M. A. (1984). The role of marital quality in toddler development. *Developmental Psychology*, 20, 504-514.
- Heinicke, C. (1984). Impact of pre-birth personality and marital functioning on family development: A framework and suggestions for further study. *Developmental Psychology*, 20, 1044-53.
- Hendrix, H., & Hunt, H. (1997). *Giving The Love That Heals*. New York: Simon & Schuster Inc.
- Hoffman, L. W. (1988). Cross-cultural differences in childrearing goals. In R. A. LeVine & P. M. Miller & M. M. West (Eds.), *New directions for child development: Parental behavior in diverse societies* (Vol. 40, pp. 99-122). San Francisco: Jossey-Bass.
- Holliday, B. G. (1996). The Ecological Scale of Parental Competence. In R. L. Jones (Ed.), *Handbook of Tests and Measurements for Black Populations* (Vol. 2, pp. 403-419). Hampton: Cobb & Henry Publishers.

- Insel, P. M., & Roth, W. T. (1994). *Core Concepts in Health* (seventh ed.). Mountain View: Mayfield Publishing Company.
- Kagan, S., & Seitz, V. (1988). Family support programs for new parents. In G. Michaels & W. Goldberg (Eds.), *The transition to parenthood: Current theory and research* (pp. 311-341). Cambridge: Cambridge University Press.
- King, S. M., Rosenbaum, P. L., & King, G. A. (1996). Parents' Perceptions of Caregiving: Development and Validation of a Measure of Processes. *Developmental Medicine and Child Neurology*, 38, 757-772.
- Kohn, M. L. (1963). Social Class and Parent-Child Relationships: An Interpretation. *American Journal of Sociology*, XVIII, 471-480.
- Likert, R. (1967). The method of constructing an attitude scale. In M. Fishbein (Ed.), *Readings in attitude theory and measurement* (pp. 90-95): John Wiley & Sons.
- Luster, T., & Okagaki, L. (Eds.). (1993). *Multiple Influences on Parenting: Ecological and Life-Course Perspectives* . Hillsdale: Lawrence Erlbaum Associates, Publishers.
- Luster, T., Rhoades, K., & Haas, B. (1989). The Relation between Parental Values and Parenting Behavior: A Test of the Kohn Hypothesis. *Journal of Marriage and the Family*, 51, 139-147.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(4), 351-377.
- Michaels, G. Y., & Goldberg, W. A. (Eds.). (1988). *The transition to parenthood: Current theory and research* . Cambridge: Cambridge University Press.
- Mowder, B., Harvey, V., Pedro, M., Rossen, R., & Moy, L. (1993). Parent Role Questionnaire: Psychometric Qualities. *Psychology in the Schools*, 30, 205-211.
- Neglect, N. C. o. C. A. a. (1981). *The National Incidence Study of Child Abuse and Neglect: Report of findings* (). Washington, D.C.: National Center on Child Abuse and Neglect.
- Neutens, J. J. (1975). *Measuring attitudes about heterosexual relationships of educable mentally handicapped adolescents*. Paper presented at the National Council on Family relations, Salt Lake City, Utah.
- Okagaki, L., & Divecha, D. J. (1993). Development of Parental Beliefs. In T. Luster & L. Okagaki (Eds.), *Parenting: An Ecological Perspective* . Hillsdale: Lawrence Erlbaum Associates, Publishers.
- Patterson, G. R. (1980). Mother: The unacknowledged victims. *Monographs of the Society for Research in Child Development*, 45.
- Pelton, L. (1978). The Myth of classlessness in child abuse cases. *American Journal of Orthopsychiatry*, 48, 569-79.
- Polit, D. F., & Hungler, D. P. (1995). *Nursing Research: Principles and Methods* (Fifth Edition ed.). Philadelphia: J.B. Lippincott Company.
- Robertson, D., & Hyde, J. (1982). The Factorial Validity of the Family Environment Scale. *Educational and Psychological Measurement*, 42, 1233-1241.
- Robinson, C., Mandleco, B., Olsen, S. F., & Hart, C. (1995). Authoritative, Authoritarian, and Permissive Parenting Practices: Development of a New Measure. *Psychological Reports*, 77, 819-830.

- Ronnau, J., & Poertner, J. (1993). Identification and Use of Strengths: A Family System Approach. *Children Today*, 22(2), 20-23.
- Rubinson, L., & Neutens, J. J. (1987). *Research Techniques for the Health Sciences*. New York: Macmillan Publishing Company.
- S.M. (Ed.). (1993). *The Long Arm of the Job: Influences of Parental Work on Childrearing*. Hillsdale: Lawrence Erlbaum Associates.
- Sabatelli, R., & Bartle, S. (1995). Survey Approaches to the Assessment of Family Functioning: Conceptual, Operational, and Analytical Issues. *Journal of Marriage and the Family*, 57, 1025-1039.
- Santos, J. R. A., Lippke, L., & Pope, P. (1998). *PROC FACTOR: A Tool for Extracting Hidden Gems from a Mountain of Variables*. Paper presented at the SAS Institute Inc., Proceedings of the Twenty-Third Annual SAS Users Group International Conference, Cary, NC.
- Sarno, J. E. (1991). *Healing Back Pain; The Mind-Body Connection*. New York: Warner Books, Inc.
- Scott, W., Scott, R., & McCabe, M. (1991). Family relationships and children's personality: A cross-cultural, cross-source comparison. *British Journal of Social Psychology*, 30, 1-20.
- Shereshesky, P. M., & Yarrow, L. J. (Eds.). (1973). *Psychological aspects of a first pregnancy and early postnatal adaptation*. New York: Raven Press.
- Shields, J., & Green, R.-J. (1996). "POETICS": a systems approach to solving behavior problems in the classroom. *Elementary School guidance & Counseling*, 30, 181-193.
- Small, S. A. (1988). Parental self-esteem and its relationship to childrearing practices, parent-adolescent interaction, and adolescent behavior. *Journal of Marriage and the family*, 50, 1063-72.
- Stack, C. B. (1974). *All our kin*. New York: Harper & Row.
- Steinberg, L., Caatalano, R., & Dooley, D. (1981). Economic antecedents of child abuse and neglect. *Child Development*, 52, 975-85.
- Stevens, J. (1984). Child Development Knowledge and Parenting Skills. *Family Relations*, 33, 237-244.
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using Multivariate Statistics* (Third Edition ed.). New York: HarperCollins Publishers Inc.
- Thurstone, L., & Chave, E. (1929). *The Measurement of Attitudes*. Chicago: University of Chicago Press.
- Unger, D. G., & Powell, D. R. (1980). Supporting families under stress: The role of social networks. *Family Relations*, 29, 566-574.
- Vondra, J., & Belsky, J. (1993). Developmental Origins of Parenting: Personality and Relationship Factors. In T. Luster & L. Okagaki (Eds.), *Parenting: An Ecological Perspective*. Hillsdale: Lawrence Erlbaum Associates, Publishers.
- Wallinga, J. (1982). Human Ecology: Primary Prevention in Pediatrics. *American Journal of Orthopsychiatry*, 52(1), 141-145.
- Weil, A. (1997). *8 Weeks To Optimum Health*. New York: Alfred A. Knopf, Inc.

- Weiler, R. M., Sliepcevidh, E. M., & Sarvela, P. D. (1993). Development of the Adolescent Health Concerns Inventory. *Health Education Quarterly*, 20(4), 569-583.
- Wells, A. J. (1988). Variations in mothers' self-esteem in daily life. *Journal of Personality and Social Psychology*, 55(4), 661-68.
- Whittaker, J. K., Garbarino, J., & Associates. (1983). *Social Support Networks: Informal helping in the human services*. New York: Aldine.
- Wood, J., Chapin, K., & Hannah, M. E. (1988). Family Environment and Its Relationship to Underachievement. *Adolescence*, XXIII(90), 283-290.

APPENDICES

APPENDIX A
RATING & WEIGHTING OF DOMAINS

EVALUATION INSTRUMENT FOR RATING (POSSIBLE) DOMAINS USED IN THE PARENT POTENTIATION INVENTORY

Directions: It is suggested that you peruse the entire instrument in order to get a general view of the content before commencing the rating procedure.

The following is a description of the rating scale you will use in order to indicate your acceptance or rejection of each domain. You will do this by circling ONE number (1 through 5) that will follow each domain.

DESCRIPTION OF RATING SCALE

1-----not desirable nor accepted

The domain has no significance, whatsoever, relative to one's capability to parent in a positive manner.

2-----not required but accepted

The domain does not necessarily need to be included, but there is no objection to including it.

3-----desirable

The domain is significant and worthy enough to be included.

4-----essential

The domain is very important and therefore, a favorable dimension of potential positive parenting.

5-----indispensable

The domain must be included; it is an excellent dimension of potential positive parenting.

RATING OF THE DOMAINS

Please indicate your acceptance or rejection of the domain by circling ONE number (1 through 5) located directly following the domain in question.

1. PHYSICAL HEALTH (eating well, exercising, avoiding harmful habits, making responsible decisions about sex, learning about and watching for the symptoms of disease, regular check-ups and injury prevention):

Rating 1 2 3 4 5

Comments:

2. EMOTIONAL HEALTH (optimism, trust, self-esteem, self-acceptance, self-confidence, self-control, satisfying relationships, and ability to share feelings):

Rating 1 2 3 4 5

Comments:

3. INTELLECTUAL HEALTH (being open to new ideas, having the capacity to think critically and question, ability to master new skills, sense of humor, creativity, curiosity, and the desire to never stop learning):

Rating 1 2 3 4 5

Comments:

4. SOCIAL/INTERPERSONAL HEALTH (good communication skills, the capacity to develop intimacy, supportive network (friends/family), and participating in your community, country and world):

Rating 1 2 3 4 5

Comments:

5. SPIRITUAL HEALTH (the state of harmony between oneself and others, and between inner needs and the demands of the world. Having the capacity for love, compassion, forgiveness, altruism, joy, peace, and fulfillment):

Rating 1 2 3 4 5

Comments:

6. ENVIRONMENTAL HEALTH (learning about and protecting yourself, and others, from environmental hazards and doing your part in reducing or eliminating them. Also the relationship one has with the immediate environment that she/he interacts with on a daily basis):

Rating 1 2 3 4 5

Comments:

Please use the remaining space for any other comments or suggested domains.

DIRECTIONS FOR WEIGHTING OF THE DOMAINS

You are being asked to allocate a percentage value to each domain of the inventory. When determining percentages, ask yourself what percentage of inventory items should be appropriated to a particular domain.

Percentages are assigned in light of your opinion of the varying degrees of significance of each domain used in the inventory.

The total percent for all six domains should equal 100%.

(Example)

Domain 1 (physical health)	20%
Domain 2 (emotional health)	10%
Domain 3 (intellectual health)	20%
Domain 4 (social/interpersonal health)	20%
Domain 5 (spiritual health)	10%
Domain 6 (environmental health)	<u>20%</u>
	100%

DOMAINS

Please weight the following domains by allocating what percentage you feel a particular domain should carry within the inventory:

_____ Domain 1 - Physical Health

_____ Domain 2 - Emotional Health

_____ Domain 3 - Intellectual Health

_____ Domain 4 - Social/Interpersonal Health

_____ Domain 5 - Spiritual Health

_____ Domain 6 - Environmental Health

100% total assigned among the six domains of the inventory.

APPENDIX B
INITIAL ITEMS SENT TO JURORS

Dear (Juror),

Enclosed are the potential items for the Parent Potentiation Inventory for your validation. I am asking you, in your expert opinion, to score each item according to your belief that it may help to comprise a list of items that will be possible determinants of healthy parenting. The items were obtained from already established inventories as well as being developed from a thorough review of the literature. The “wellness” of an individual will be tantamount to their ability to care for themselves and others. Therefore, as you score the items I ask that you keep in mind the six dimensions of health that will serve as domains for this inventory; Physical Health, Emotional Health, Social/Interpersonal Health, Intellectual Health, Spiritual Health, and Environmental Health.

The following section comprises the positive items. Score each item according to the following scale:

1. not desirable 2. acceptable 3. essential

- _____ 1. My parents often discussed the positive and the negative happenings of their day with one another.
- _____ 2. My parents easily discussed with one another things they disagreed about (even though it may have been difficult for them).
- _____ 3. All topics were open for discussion in my home.
- _____ 4. Important decisions were made with the input of both parents.
- _____ 5. In our home my parents openly discussed sex.
- _____ 6. In my family it was normal to show both positive and negative feelings.
- _____ 7. My parents encouraged me to develop friendships.
- _____ 8. When mistakes were made in my family they were accepted and we moved on.
- _____ 9. Problem-solving was a high priority in my family.
- _____ 10. I usually knew how my parents and siblings felt about a situation.
- _____ 11. My parents openly admitted when they were wrong.
- _____ 12. My parents encouraged me to express my views honestly.

- _____ 13. My family expressed their thoughts and feelings openly.
- _____ 14. I was accepted by my family regardless of how I felt about something.
- _____ 15. My family members took responsibility for their actions.
- _____ 16. In my family we talked openly of our sadness when a friend or relative passed on.
- _____ 17. My parents believed in trusting others.
- _____ 18. When I was growing up I remember my parents as being warm and supportive.
- _____ 19. When I was growing up birthdays were important events in my family.
- _____ 20. Our family celebrated special events, such as anniversaries and birthdays.
- _____ 21. In my family we resolved conflicts without getting physical.
- _____ 22. When I had questions about personal relationships I could talk with my parents.
- _____ 23. I was unaffected when members of my family argued with one another.
- _____ 24. My family ate at least one meal a day together.
- _____ 25. I felt loved by my family growing up.
- _____ 26. As a child I was encouraged to try new things and experiences.
- _____ 27. As a family we planned activities together.
- _____ 28. As a child I was taught that even in difficult times, things would work out for the best.
- _____ 29. In my family we showed positive physical affection (i.e. hugging, touching, kissing).
- _____ 30. Our family solved problems together.
- _____ 31. My parents had a favorite child among the siblings.
- _____ 32. It was okay to fight and yell in our family.

- _____ 33. Physical punishment was avoided in our home.
- _____ 34. My parents looked to one another for their main source of comfort and care.
- _____ 35. My parents were effective when it came to solving problems.
- _____ 36. My parents enjoyed hearing different points of view.
- _____ 37. My parents planted seeds of love, respect and independence during my growing up years.
- _____ 38. In my family there was love and understanding to counter the occasional outburst or upset.
- _____ 39. My parents were the perfect models for parenting.
- _____ 40. I rarely drink alcohol.
- _____ 41. When one parent was upset with the other they dealt with each other directly.
- _____ 42. I was not teased by my parents as a child.
- _____ 43. As a child in my family I could be playful, spontaneous and irresponsible.
- _____ 44. As a child my physical needs were taken care of.
- _____ 45. My parents provided me with moral and ethical guidelines.
- _____ 46. When I was growing up my emotional needs were met consistently.
- _____ 47. My parents believed it was okay to seek guidance through counseling.
- _____ 48. My parents did not place responsibility for other siblings on any one child.
- _____ 49. My parents shared a bed.
- _____ 50. As a child I looked to my parents for guidance.
- _____ 51. My parents provided nutritionally balanced meals.
- _____ 52. My life would be complete with or without a significant other.
- _____ 53. My parents took me on special outings when I was a child.

- _____ 54. My home was a congregation area for my friends.
- _____ 55. Childhood was a happy time for me.
- _____ 56. I am not responsible for how others feel.
- _____ 57. I am responsible for my personal happiness.
- _____ 58. Emotional pain is a necessary part of growth.
- _____ 59. My parents taught me that trust is an important aspect of a relationship.
- _____ 60. My parents often let me know how happy they were that I was born.
- _____ 61. I think I am a pretty “neat person.”
- _____ 62. Physical discipline (i.e. hitting, slapping, grabbing) of a child is a direct result of a parent feeling stress.
- _____ 63. As a child I saw affection between my parents.
- _____ 64. There was open communication within our family about sex and sexuality.
- _____ 65. Finances were a shared responsibility between my parents.
- _____ 66. While growing up, I was never concerned about having ‘enough’ food.
- _____ 67. My parents took me to a place of worship on a regular basis.
- _____ 68. As a child I was included in adult conversation.
- _____ 69. As a child I was allowed to disagree with my parents.
- _____ 70. Children should be free to make mistakes.
- _____ 71. It would be okay with my parents to date or marry someone outside my ethnic background.
- _____ 72. As a child I was encouraged to be an individual, take personal responsibility and to think independently of others.
- _____ 73. When I see a child ‘acting out’ I believe the problem really stems from the parents.

- _____ 74. Successful parents do what unsuccessful parents are unwilling to do.
- _____ 75. As a child I observed my parents sharing their feeling and needs with one another.
- _____ 76. Respect is at the core of effective communication.
- _____ 77. I learned how to effectively deal with change by watching my parents.
- _____ 78. I learned to “give and take” in my family.
- _____ 79. In my family my parents made their own relationship a priority.
- _____ 80. To be a good parent one must be a good partner.
- _____ 81. The lives of a couple are indescribably changed when a baby is born to them.
- _____ 82. Growing up I was expected to do my part of the household chores.
- _____ 83. It takes more than love to be an effective parent.
- _____ 84. Respect and love can be taught.
- _____ 85. My parents loved me with no strings attached.
- _____ 86. Growing up my parents respected me for who I was becoming.
- _____ 87. My parents taught me to have faith in a “higher power.”
- _____ 88. My parents always approached difficult situations with a positive attitude.
- _____ 89. Children need and want guidelines.
- _____ 90. Children mirror what parents practice.
- _____ 91. If I did not understand my parent’s instructions, I could safely and freely question them.
- _____ 92. In my family my personal boundaries were always clear and respected.
- _____ 93. Negative feelings were tolerated in our family.

- _____ 94. Growing up my parents offered reasonable limits and structure.
- _____ 95. Growing up I was never asked to do something that was beyond my ability in age and development.
- _____ 96. My parents affirmed my existence.
- _____ 97. My parents responded positively and responsibly in crisis situations.
- _____ 98. My friends give me the moral support I need.
- _____ 99. My friends enjoy hearing what I think.
- _____ 100. I have a friend I could go to if I were just feeling down, without feeling funny about it later.
- _____ 101. My friends and I communicate openly about what we think about things.
- _____ 102. My friends are sensitive to my personal needs.
- _____ 103. My friends come to me for emotional support.
- _____ 104. I have a deep sharing relationship with a number of friends.
- _____ 105. I think that my friends feel that I am good at helping them solve problems.
- _____ 106. My family gives me the moral support I need.
- _____ 107. My family enjoys hearing about what I think.
- _____ 108. Members of my family share many of my interests.
- _____ 109. Certain members of my family come to me when they have problems or need advice.
- _____ 110. I rely on my family for emotional support.
- _____ 111. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.
- _____ 112. My family and I speak openly about things.
- _____ 113. My family is sensitive to my personal needs.

- _____ 114. Members of my family come to me for emotional support.
- _____ 115. Members of my family are good at helping me solve problems.
- _____ 116. I have a deep sharing relationship with certain members of my family.
- _____ 117. Members of my family seek me out for companionship.
- _____ 118. Physically, I am strong.
- _____ 119. I am never intimidated by the thought of a sexual encounter.
- _____ 120. I feel free to disagree with other people.
- _____ 121. My athletic friends receive no more attention than I.
- _____ 122. I am not concerned with how my body is perceived by others.
- _____ 123. I have a strong grip.
- _____ 124. My agility enables me to be more physically active than my friends.
- _____ 125. I feel that I am an attractive person.
- _____ 126. I feel confident in my ability to deal with other people.
- _____ 127. I feel that people really like to talk with me.
- _____ 128. I feel that I am a very competent person.
- _____ 129. I feel that I make a good impression on others.
- _____ 130. I feel confident that I can begin new relationships if I choose.
- _____ 131. I feel confident in my ability to learn new things.
- _____ 132. I feel good about myself.
- _____ 133. I feel that I have a good sense of humor.
- _____ 134. I feel relaxed meeting new people.
- _____ 135. I feel confident in my ability to cope with difficult situations.

- _____ 136. My friends value me a lot.
- _____ 137. I feel that I can count on myself to manage things well.
- _____ 138. I feel that I am a nice person.
- _____ 139. I feel that people like me.
- _____ 140. I feel that people have a good time when they are with me.
- _____ 141. I feel confident that I can do well in whatever I do.
- _____ 142. When I was sick, my parents made sure I saw a doctor.
- _____ 143. If I stayed home sick from school there was a parent home with me.
- _____ 144. I always use a seat belt when in a moving car.
- _____ 145. I have a yearly physical exam.
- _____ 146. I have a great sense of humor.
- _____ 147. I enjoy learning new things.
- _____ 148. I participate in community activities.
- _____ 149. I easily forgive individuals who have hurt me.
- _____ 150. I have compassion for others.
- _____ 151. Most of the time I feel at peace with myself.
- _____ 152. I act on what I believe.
- _____ 153. I recycle in order to help the environment.
- _____ 154. My home feels very comfortable to me.
- _____ 156. My friends, who are smokers, do not smoke in my home.
- _____ 157. My family had pets when I was growing up i.e. dog, cat, horse, hamster, bird.
- _____ 158. I took part in caring for the family pet when I was growing up.

- _____ 159. When I was a child there were games in my home that facilitated learning letters, words, writing, reading i.e. books, blocks with letters, stencils, toy typewriter.
- _____ 160. When I was a child I worked puzzles at home.
- _____ 161. When I was a child, in my home, I used finger paints, play dough, crayons and coloring books.
- _____ 162. When I was a child my parents subscribed to various magazines.
- _____ 163. When I was a child my parents took me to the library.
- _____ 164. When I was a child my parents were discriminating about what I watched on television.
- _____ 165. When I was a child my parents read to me on a daily basis.
- _____ 166. When I was a child my parents took me to a museum.
- _____ 167. When I was a child I had to make my bed, pick up my toys, and clean my room.
- _____ 168. When I was a child I was expected to say “please,” “thank you,” “I’m sorry.”
- _____ 169. When I was a child my home was reasonably clean and minimally cluttered.
- _____ 170. In my home, I was expected to use correct grammar and pronunciation.
- _____ 171. Where I played as a child was safe and free of hazards.
- _____ 172. When I was growing up I was included in adult conversations between my parents and their friends.
- _____ 173. When I was a child my parents displayed my artwork or schoolwork in a visible site.

The following section comprises the negative items. Score items according to the following scale;

1. not desirable 2. acceptable 3. essential

- _____ 1. My parents never discussed the happenings of their day with one another.
- _____ 2. My parents were not able to discuss things they disagreed on.
- _____ 3. There were topics we did not discuss in my home.
- _____ 4. My parents typically did not have discussions prior to making important decisions.
- _____ 5. My parents did not openly discuss sex in our home.
- _____ 6. We were not encouraged to show or express our feelings (good or bad) in our home.
- _____ 7. My parents discouraged friendships outside the home.
- _____ 8. Excuses were quickly made for mistakes that occurred in my family.
- _____ 9. Conflicts in my family typically did not get resolved.
- _____ 10. It was difficult to understand what other family members said and how they felt.
- _____ 11. I was taught to believe that my parents were right, no matter what.
- _____ 12. If I disagreed with my parents' beliefs I had to keep it to myself.
- _____ 13. I often had to guess what other family members thought or how they felt.
- _____ 14. My feelings were often criticized in my family.
- _____ 15. My family members blamed others when something went wrong.
- _____ 16. We never discussed our sadness when a friend or family member died.
- _____ 17. Growing up I learned to be suspicious of others' actions.
- _____ 18. The atmosphere in my family was cold and negative.
- _____ 19. When I was growing up people in my family hit one another.

- _____ 20. Growing up I never discussed my concerns regarding personal matters or relationships with my parents.
- _____ 21. The negative attitude of one family member spread to other members of our household.
- _____ 22. Meal times together were not important when I was growing up.
- _____ 23. I felt like a stranger in my own home when I was growing up.
- _____ 24. In my family we did not plan ahead because things did not turn out anyway.
- _____ 25. It was better to stay at home than go out and do things with others.
- _____ 26. We were not a huggy, kissy, touchy family when I was growing up.
- _____ 27. When things were not going right one person usually got blamed.
- _____ 28. The mood in my family was usually sad and blue.
- _____ 29. One way my parents taught me right from wrong was by using physical punishment.
- _____ 30. My parents (one or both) looked to the children as their main source of comfort and care.
- _____ 31. My parents were unable to think creatively and effectively when attempting to solve a problem.
- _____ 32. My parents felt that anyone who disagreed with them was wrong.
- _____ 33. My parents planted seeds of fear, obligation and guilt during my growing up years.
- _____ 34. In my family there was more outburst and upset than love and understanding.
- _____ 35. My parents were not positive models of parenting.
- _____ 36. I use alcohol just to calm my anxieties.

- _____ 37. When one parent was upset with the other they took it out on me or my siblings.
- _____ 38. It would have been okay for my father or mother to spank me if he/she was trying to teach me a lesson.
- _____ 39. I was teased as a child by one or both parents.
- _____ 40. Playfulness, spontaneity, and irresponsibility were not tolerated by my parents.
- _____ 41. There were times as a child when my physical needs were not taken care of.
- _____ 42. Often times my parents were immoral or unethical.
- _____ 43. My emotional needs were not met when I was growing up.
- _____ 44. My parents did not believe in seeking guidance outside the home.
- _____ 45. I have memories of one or both of my parents, frequently, in their bathrobe with the house very dark.
- _____ 46. The oldest child in my family had to look after the others.
- _____ 47. My parents did not share a bed when I was growing up.
- _____ 48. As a child I looked outside the home for guidance.
- _____ 49. Well-balanced meals were not a priority in my home.
- _____ 50. My life would be totally unfulfilled without a significant other to share it with.
- _____ 51. My parents avoided direct confrontation.
- _____ 52. I rarely invited my friends to my home.
- _____ 53. Childhood was a lonely time for me.
- _____ 54. I am responsible for my significant other's feelings.
- _____ 55. It is okay to hit you spouse in order to stop him/her from doing something you don't like.

- _____ 56. My parents taught me not to get close to people because they just let you down.
- _____ 57. As a child, I heard "I wish you had never been born."
- _____ 58. Growing up, sarcasm in my home was a way to interact with my family.
- _____ 59. In my family, truth showed itself through teasing.
- _____ 60. In my family threats were evident in teasing.
- _____ 61. Humor in my family was used to belittle others.
- _____ 62. Sometimes people need to be shamed in to getting a task accomplished.
- _____ 63. My parents gave me mixed messages growing up
- _____ 64. Corporal punishment (i.e. hitting, slapping, spanking) is necessary in childrearing.
- _____ 65. As a child I lived in fear of my parents outrages.
- _____ 66. If my future or current spouse was physically disciplining our child, I would do nothing to stop it.
- _____ 67. Growing up it was important to keep the family secrets.
- _____ 68. Dieting has been an integral part of my life.
- _____ 69. My parents were often secretive where money matters were concerned.
- _____ 70. I was often afraid that I would not have enough to eat.
- _____ 71. Spiritual growth was not encouraged when I was growing up.
- _____ 72. My parents believed children should be seen and not heard.
- _____ 73. Children should be punished for making mistakes.
- _____ 74. Children should respect their parents no matter what.
- _____ 75. My parents taught me that women are helpless without men.

- _____ 76. My parents did not encourage a sense of adequacy and self-respect.
- _____ 77. In my family it was important for children to conform to parental thoughts.
- _____ 78. Parents should not be responsible for their child 'acting out.'
- _____ 79. My parents worked hard at keeping our lives stable and steady without too much change.
- _____ 80. Often times my parents would 'give in' to me in order to avoid a conflict.
- _____ 81. My parents expected the same behavior from all of their children.
- _____ 82. The life of a couple does not need to change drastically just because of the birth of a child.
- _____ 83. It was important to earn my parents' love.
- _____ 84. A designated time should be set aside each day for 'quality time' between parent and child.
- _____ 85. I learned from my parents that if I was not going to succeed at a task it was best not to try.
- _____ 86. My parents disciplined me by shaming me.
- _____ 87. My personal boundaries were not respected when I was a child.
- _____ 88. Negative feelings were not tolerated in our family.
- _____ 89. It was often chaotic in my home growing up.
- _____ 90. My parents treated me like an adult when I was growing up.
- _____ 91. Growing up I felt unworthy and unlovable.
- _____ 92. There always seemed to be a crisis in my home.
- _____ 93. Most other people are closer to their friends than I am.
- _____ 94. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.
- _____ 95. When I confide in friends, it makes me feel uncomfortable.

- _____ 96. I don't have a relationship with a friend that is as intimate as other people's relationships with their friends.
- _____ 97. I wish my friends were much different.
- _____ 98. Most other people are closer to their families than I am.
- _____ 99. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.
- _____ 100. I was typically uncomfortable confiding in members of my family.
- _____ 101. I don't seem to have a relationship with a member of my family that is as close as other people's relationships with their family members.
- _____ 102. I wish my family was much different.
- _____ 103. I am not agile and graceful.
- _____ 104. Sometimes I don't hold up well under stress.
- _____ 105. My lack of physical ability bothers me.
- _____ 106. I'm not good at activities involving physical dexterity.
- _____ 107. People criticize me for my appearance.
- _____ 108. I have poor muscle tone.
- _____ 109. I take little pride in my ability in sports.
- _____ 110. I am sometimes envious of those more attractive than myself.
- _____ 111. Sometimes my laugh embarrasses me.
- _____ 112. I feel that people would not like me if they really knew me well.
- _____ 113. I feel that others do things much better than I do.
- _____ 114. I feel that I am likely to fail at things I do.
- _____ 115. I feel that I am unattractive.

- _____ 116. I feel that I am a boring person.
- _____ 117. I feel very nervous when I am with strangers.
- _____ 118. I feel ashamed about myself.
- _____ 119. I feel inferior to other people.
- _____ 120. I get angry at myself over the way I am.
- _____ 121. I feel that other people are smarter than I am.
- _____ 122. I do not like myself.
- _____ 123. I am afraid that I will appear stupid to others.
- _____ 124. I wish I could just disappear when I am around other people.
- _____ 125. I feel embarrassed to let others hear my ideas.
- _____ 126. I feel that if I could be more like other people then I would feel better about myself.
- _____ 127. I feel that I get pushed around more than others.
- _____ 128. I trust the competence of others more than I trust my own abilities.
- _____ 129. I feel that I often mess things up.
- _____ 130. I wish that I were someone else.
- _____ 131. My parents never felt I was sick enough to see a doctor.
- _____ 132. If I stayed home sick from school I was often by myself.
- _____ 133. When I was growing up, one, or both, of my parents smoked cigarettes.
- _____ 134. I smoke cigarettes.
- _____ 135. When I was growing up, my parent's friends smoked in our home.
- _____ 136. When I was growing up, my parent's smoked in our car.

APPENDIX C
BIOGRAPHICAL SKETCHES OF JURORS

Kay Miller, RN lives with her husband Warren in Bellevue Washington and has two grown children. She obtained her nursing degree from St Luke's school of Nursing in Chicago, Illinois in 1951. In 1987 Mrs. Miller attended the University of Kentucky, pursuing work in the counseling curriculum. She pursued additional work in human services and chemical dependency at Jefferson Community College and Spalding University respectively. While working in Louisville, Kentucky at The Louisville Center for Adult Children Mrs. Miller facilitated children, adult, couples, and group sessions. She continued to add experience in experiential therapy pursuing work in chemical dependency and family systems. Mrs. Miller has studied with noted individuals in the field, working with John Nolte in psychodrama training, Vann Joins in group, couples, and family therapy, Sharon Wegschieider-Cruse and Joseph Cruse, MD, training in co-dependency and adult children programs, and additional work with the Kentucky School of Alcohol and Drug Studies.

Mrs. Miller worked at the Louisville Center for Adult Children from 1988 to 1992 at which time she moved to Lexington, Kentucky and worked facilitating children, adult, couples and group sessions at the Morton Center. Mrs. Miller was self-employed from 1994 to 1999, working with adults, couples and groups. Mrs. Miller's deep understanding of the ways in which individuals are effected by the environments in which they are raised gives her great insight into helping them begin healing emotionally so they may live healthy, balanced lives.

Although retired, Mrs. Miller continues to use the many gifts she has to offer.

Nancy Buck, Ph.D. is a nationally known presenter, author, trainer and educator. Her book, *Peaceful Parenting* represents not only her twenty years of studying and teaching Choice Theory around the world, but also her twenty plus years of parenting her identical twin sons. Dr. Buck completed her doctoral studies in developmental Psychology with a specialization in parenting at The Union Institute in Cincinnati, Ohio. She is certified in Reality Therapy & Choice Theory from The William Glasser Institute. Her genuine, warm and authentic teaching style is clear and concise, helping learners to move from the theoretical to practical applications.

Dr. Buck developed various training modules for parents and child guidance professionals based on her book *Peaceful Parenting*. It is a process that helps parents navigate the life long job of parenting, while maintaining a loving relationship with their children despite their inherent differences. Dr. Nancy Buck helps parents learn ways to provide a safe, healthy, loving environment that supports the goal of teaching children to meet their own needs in responsible ways. She works with parents to learn how to create a more peaceful home, with increased cooperation and less arguing between generations that can lead to an improved quality of life for every member of the family.

Dr. Buck is a former President of the New England Holistic Counselors Association, former Chairperson for The Advisory Board of Directors of The William Glasser Institute, and former member of the Editorial Board for *The Reality Therapy Journal*.

Stephen J. Bavolek, Ph.D. is a recognized leader in the fields of child abuse and neglect treatment and prevention, and parenting education. Born and raised in Chicago, Dr. Bavolek's professional background includes working with emotionally disturbed children and adolescents in schools and residential settings, and abused children and abusive parents in treatment programs. Dr. Bavolek has conducted extensive research in the prevention and treatment of child abuse and neglect. He received his doctorate at Utah State University in 1978 and completed a post-doctoral internship at the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, Colorado.

Dr. Bavolek has received numerous international, national, state and local awards for his work, including induction in 1989 in the Royal Guild of the International Social Work Round Table in Vienna, Austria. He has conducted over 1,000 workshops, has appeared on radio and television talk show programs, and published numerous books, articles, programs and newsletters. He is the principal author of the Nurturing parenting Programs, programs designed to prevent and treat child abuse and neglect, and the adult-Adolescent Parenting Inventory, and inventory designed to assess high risk parenting attitudes. Dr. Bavolek is President of Family Development Resources, Inc. and Executive Director of the Family Nurturing Center. He resides in North Carolina with his wife and children.

Susan Neece, M.A. received her degree in Expressive Therapies from the University of Louisville, Louisville, Kentucky in 1990. Her Twenty-year career in the fields of education and psychology has rewarded her with rich opportunities to work with people of all ages and economic backgrounds. In the early 1990's Ms. Neece was a therapist for the University of Louisville Counseling Center and from 1991 through 1995 Ms. Neece was in private practice as an Expressive Therapist working with children of all ages, as well as adults. Ms. Neece moved to Florida in 1996 and worked for the Florida Department of Health as a Pregnancy Prevention Education Coordinator, and later, as a Tobacco Free Education Coordinator. Presently, Ms. Neece is a therapist for the Chrysalis Center. Ms. Neece and her 17-year-old daughter, Maggie, reside in Florida.

Edwin B. Hutchins, Ph.D. received his doctorate in psychology from the University of Illinois in 1958. From 1959 to 1967 he served as Director of Research for the Association of American Medical Colleges where he conducted longitudinal research on the characteristics of American medical students and on the Medical College Admission Test.

Dr. Hutchins held tenured professorships in psychology and education and administrative roles at Iowa State University, the University of Missouri-Columbia, Indiana University-Northwest, and the University of Pennsylvania from 1967 to 1984. While at the University of Pennsylvania he served as Director of the Office of Educational Research and Development in the School of Medicine and directed the Health Professions Education sequence in the Graduate School of Education.

Dr. Hutchins has served as a member of the Board of Directors of the Society of Prospective Medicine and has published and presented widely on the science of health risk appraisal. Dr. Hutchins was Director of Research for the Charlotte Institute of Health Promotion from 1984 to 1986 and from 1987 to 1991 he served as Director of the Carter Center of Emory University Health Risk Appraisal Program.

In 1991 Dr. Hutchins founded The HEALTHIER PEOPLE NETWORK, Inc. and has served as its president for the past 10 years. The HEALTHIER PEOPLE NETWORK is a not-for-profit corporation committed to the mission of improving the nation's health. Its primary contribution to this broad goal is the development and dissemination of assessment instruments used by health providers and by the general public for the purpose of appraising an individual's health risks. Used primarily in the context of health promotion and disease prevention programs, these computerized survey tools allow the prospective assessment of health outcomes attributable to lifestyle and other precursors, or risk factors, known to play a causal role in chronic diseases, in decrements to functional status, and in traumas for which the general population has a high degree of exposure. Dr. Hutchins resides with his wife in Atlanta, Georgia.

Dorothy L. Hutchins, Ph.D. received her doctorate in Child Development from Iowa State University in 1975. She served as Child Development specialist at the Mid-Missouri Mental Health Center and the Family Support Center of Yeadon, Pennsylvania, and as Education Coordinator at Head Start Programs in Philadelphia, Pennsylvania and Decatur, Georgia. Dr. Hutchins taught classes in Child Development, Educational Psychology, and Research Methods at Iowa State University; Beaver College and Montgomery County Community College in Pennsylvania; the University of North Carolina-Charlotte; and Mercer University in Atlanta, Georgia.

In 1993 Dr. Hutchins joined The HEALTHIER PEOPLE NETWORK, Inc. to pursue an interest in developing a risk assessment appropriate for children and adolescents. She serves as Director of the Users Network, providing information to potential users and support for persons using the Health Risk Appraisal. Dr. Hutchins edited the most recent version of the HRA User's Guide. Dr. Hutchins resides in Atlanta, Georgia with her husband.

Marty Pryor, LCSW, BCD completed her MSSW degree in 1974 from The University of Tennessee College of Social Work and returned to work at Lakeshore Mental Health Institute. Ms. Pryor pursued an interest in family therapy and was involved in beginning a peer supervision group that served as impetus for the development of the Symposium for the Advancement of Family Therapy (SAFT, Inc). SAFT is now in its twenty first year of providing an annual two day symposium as well as video/discussion luncheons for area clinicians and maintaining a professional video "lenders" library for those in the community interested in family therapy. Ms. Pryor has had the privilege of working with, and learning from, SAFT presenters including Ed Friedman, Peggy Papp, Betty Carter, Evan Imber-Black and Olga Silverstein.

Ms. Pryor's professional practice has spanned thirty-three years and includes the settings of a state mental health institute, community mental health center, general hospital, private practice and teaching in both undergraduate and graduate levels of social work education. Ms. Pryor currently maintains a private practice, teaches part-time at The University of Tennessee, Knoxville, College of Social Work and serves on the boards of SAFT and SRI, which is a southeastern continuing education program for clinicians.

APPENDIX D
PRELIMINARY INSTRUMENT

Parent Potentiation Instrument

On questions 1-15, please indicate the following by circling the appropriate letter:

1. Age:
 - A. 18-21
 - B. 22-28
 - C. 29-35
 - D. 36-42
 - E. 43 or older
2. Race:
 - A. White
 - B. Black
 - C. Asian
 - D. Hispanic
 - E. American Indian
 - F. Other _____
3. Religion:
 - A. Protestant
 - B. Catholic
 - C. Unitarian
 - D. Jewish
 - E. Other _____
4. Marital Status:
 - A. Single
 - B. Married
 - C. Separated/Divorced
 - D. Widowed
5. How many children do you have?
 - A. None
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
6. Were you raised by:
 - A. Both parents
 - B. Mother
 - C. Father
 - D. Grandparent
 - E. Other _____
7. What is the income bracket of your present household?
 - A. \$8,000 to \$14,999
 - B. \$15,000 to \$24,999
 - C. \$25,000 to \$34,999
 - D. \$35,000 to \$44,999
 - E. \$45,000 to \$55,000
 - F. Other _____
8. What was the income bracket of your family growing up?
 - A. \$8,000 to \$14,999
 - B. \$15,000 to \$24,999
 - C. \$25,000 to \$34,999
 - D. \$35,000 to \$44,999
 - E. \$45,000 to \$55,000
 - F. Other _____
9. Years of completed education:
 - A. High School Degree
 - B. Associates Degree
 - C. Bachelors Degree
 - D. Some Graduate School Hours
 - E. Masters Degree
 - F. Doctorate Degree
10. Number of siblings:
 - A. None
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
11. Number of siblings older than you:
 - A. 1
 - B. 2
 - C. 3
 - D. 4 or more
12. Do you suffer from a chronic illness?
 - A. Yes
 - B. No
 - If yes, what? _____
13. Did one or both parents suffer from a chronic illness while you were growing up?
 - A. Yes
 - B. No
 - If yes, who and what?

14. You are from a:
 - A. Rural area
 - B. Small town
 - C. Suburban area
 - D. Urban area
15. Gender:
 - A. Female
 - B. Male

DIRECTIONS: Using the following scale, place the number in the space provided that you feel is most appropriate. There are no right or wrong answers. YOUR NAME IS NOT NEEDED.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- ____ 1. When I was growing up, all topics were open for discussion in my home.
- ____ 2. When I was growing up, our family solved problems together.
- ____ 3. My friends enjoy hearing what I think.
- ____ 4. When I was growing up, my parent(s) encouraged me to express my views honestly.
- ____ 5. My parent(s) taught me that trust is an important aspect of a relationship.
- ____ 6. My parent(s) loved me with no strings attached.
- ____ 7. I feel good about myself.
- ____ 8. I don't hold up well under stress.
- ____ 9. My parent(s) were the perfect models for parenting.
- ____ 10. I believe that to be a good parent one must be a good partner.
- ____ 11. Presently, I rely on my family for emotional support.
- ____ 12. Presently, members of my family come to me for emotional support.
- ____ 13. Most of the time I feel at peace with myself.
- ____ 14. Childhood was a lonely time for me.
- ____ 15. When I was growing up, my parent(s) were open to hearing different points of view.
- ____ 16. When I was growing up my parent(s) did not place responsibility for other siblings on any one child.
- ____ 17. I believe that respect is at the core of effective communication.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- ____ 18. When I was growing up, if I did not understand my parent's instructions, I could safely question them.
- ____ 19. I think that my friends believe that I am good at helping them solve problems.
- ____ 20. My parent(s) felt that anyone who disagreed with them was wrong.
- ____ 21. Physically, I am strong.
- ____ 22. I always use a seat belt when in a moving vehicle.
- ____ 23. Dieting has been an integral part of my life.
- ____ 24. I'm not good at activities involving physical dexterity.
- ____ 25. When I was growing up, one, or both, of my parents smoked cigarettes.
- ____ 26. I recycle in order to help the environment.
- ____ 27. I took part in caring for the family pet(s) when I was growing up.
- ____ 28. When I was a child, my parent(s) subscribed to various magazines.
- ____ 29. When I was a child, my parent(s) took me to a museum.
- ____ 30. Where I played as a child was safe and free of hazards.
- ____ 31. It was often chaotic in my home growing up.
- ____ 32. When I was growing up, my parents encourage me to develop friendships.
- ____ 33. When I was growing up, our family celebrated special events, such as anniversaries and birthdays.
- ____ 34. When I was growing up, my home was a gathering area for my friends.
- ____ 35. I have a friend I could go to if I were just feeling down, without feeling funny about it later.
- ____ 36. I feel relaxed meeting new people.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- ____37. When I was growing up, my family expressed their thoughts and feelings openly.
- ____38. I felt loved by my family growing up.
- ____39. When I was growing up, my emotional needs were met.
- ____40. My parent(s) often let me know how happy they were that I was born.
- ____41. As a child I observed my parents sharing their feelings and needs with one another.
- ____42. I feel free to disagree with other people.
- ____43. Growing up, I felt unworthy and unlovable.
- ____44. When I was growing up, I received unconditional love from my parent(s).
- ____45. My parent(s) provided me with moral and ethical guidelines.
- ____46. My parent(s) respected me for who I was becoming.
- ____47. Presently, my family gives me the moral support I need.
- ____48. Presently, my family is sensitive to my personal needs.
- ____49. I have compassion for others.
- ____50. When I was growing up, I felt like a stranger in my own home.
- ____51. As a child, I was encouraged to try new things and experiences.
- ____52. When I was growing up, and one parent was upset with the other they dealt with each other directly.
- ____53. I think I am a “wonderful person.”
- ____54. I believe respect and love can be taught.
- ____55. When I was growing up, my parent(s) responded responsibly in crisis situations.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- ____56. I was teased by my parent(s) as a child.
- ____57. As a child, my physical needs were taken care of.
- ____58. When I was sick, my parent(s) made sure I saw a doctor.
- ____59. Well-balanced meals were not a priority in my home.
- ____60. I am neither agile nor graceful.
- ____61. I have poor muscle tone.
- ____62. When I was growing up, my parent(s) never felt I was sick enough to see a doctor.
- ____63. My home feels very comfortable to me.
- ____64. When I was a child, there were games in my home that facilitated learning.
- ____65. When I was a child, my parent(s) took me to the library.
- ____66. When I was a child, I was expected to make my bed, pick up my toys, and clean my room.
- ____67. When I was growing up, my parent(s) expected me to use correct grammar and pronunciation.
- ____68. When I was growing up, my family members took responsibility for their actions.
- ____69. When I was growing up, if I had questions about personal relationships, I could talk with my parent(s).
- ____70. As a child, I was included in most adult conversation.
- ____71. When I was growing up, birthdays were important events.
- ____72. When I was growing up, my family talked openly of our sadness when a friend or relative passed on.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- ____ 73. When I was growing up, my family showed positive physical affection (e.g. hugging, touching, kissing).
- ____ 74. My parent(s) taught me that trust is an important aspect of a relationship.
- ____ 75. I believe children should be free to make mistakes.
- ____ 76. When I was growing up, my parent(s) affirmed my existence.
- ____ 77. When I was growing up, it was important to earn my parents' love.
- ____ 78. As a child, I was taught that things would work out for the best even in difficult times.
- ____ 79. As a child, I saw affection between my parents.
- ____ 80. My parent(s) taught me to have faith in a "higher power."
- ____ 81. I easily forgive individuals who have hurt me.
- ____ 82. When I was growing up, the atmosphere in my family was cold and negative.
- ____ 83. A designated time should be set aside each day for 'quality time' between parent and child.
- ____ 84. When I was growing up, my parent(s) were effective when it came to solving problems.
- ____ 85. I believe children mirror what parents practice.
- ____ 86. I learned how to effectively deal with change by watching my parent(s).
- ____ 87. When I was growing up, my parent(s) offered reasonable limits and structure.
- ____ 88. When I was growing up, my parent(s) provided nutritionally balanced meals.
- ____ 89. I have a yearly physical exam.
- ____ 90. I smoke cigarettes.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- _____ 91. My friends, who are smokers, do not smoke in my home.
- _____ 92. When I was a child, I worked puzzles at home.
- _____ 93. When I was a child, my parent(s) were discriminating about what I watched on television.
- _____ 94. When I was a child, my home was reasonably clean.
- _____ 95. When I was growing up, I remember my parent(s) as being warm and supportive.
- _____ 96. When I was growing up, my family ate at least one meal a day together.
- _____ 97. When I was growing up, I learned to “give and take” in my family.
- _____ 98. When I was growing up, my parent(s) received their main source of comfort and care from each other.
- _____ 99. As a child, I was allowed to disagree with my parent(s).
- _____ 100. When I was growing up, my parent(s) respected my personal boundaries.
- _____ 101. I feel good about myself.
- _____ 102. When I was growing up, love and understanding countered the occasional outburst or upset.
- _____ 103. When I was growing up my parent(s) took me to a place of worship on a regular basis.
- _____ 104. My parent(s) planted seeds of love, respect, and independence during my growing up years.
- _____ 105. When I was growing up, I felt comfortable talking with my parent(s) about sex and sexuality.
- _____ 106. I believe children need, and want, guidelines.
- _____ 107. When I was growing up, I was never concerned about having ‘enough’ food.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

_____108. There were times as a child when my physical needs were not taken care of.

_____109. My family had pets when I was growing up.

_____110. When I was a child, in my home, I used finger paints, play dough, crayons and coloring books.

_____111. When I was a child, my parent(s) read to me on a daily basis.

_____112. When I was growing up, my family resolved conflicts without getting physical.

_____113. When I was growing up, we planned activities together as a family.

_____114. When I was growing up, my family resolved conflicts without getting physical.

_____115. As a child, I looked to my parent(s) for guidance.

_____116. When I was growing up, I was often afraid that I would not have enough to eat.

APPENDIX E

INFORMATION REGARDING

“DEVELOPMENT OF A VALID PARENT POTENTIATION INSTRUMENT”

INFORMATION REGARDING
“Development of a Valid Parent Potentiation Instrument”

INTRODUCTION

You are invited to participate in a research study conducted through the University of Tennessee, Knoxville to aid in the development of an instrument which will provide health care professionals with an objective measure and/or assessment for providing feedback and education to prospective parents.

STUDY DETAILS

As a participant in this study you will be asked to complete an inventory composed of statements concerning childrearing, your childhood in particular, and your parent(s) childrearing methods. Your completion of the inventory will allow for statistical methods to be used in determining the reliability and validity of the inventory.

CONFIDENTIALITY

The information gathered is for research purposes only. There will be no identifiers within any document that would connect you to this research study.

RISKS

As a subject in this study, there are no known risks.

BENEFITS

Although there are no direct benefits to you at this time, you will be assisting in the progress of educational feedback and materials for prospective parents and, therefore, the health of our country's future children.

CONTACT INFORMATION

If you have any questions about this research project you may contact the investigator, Kris Wilks Wright at The University of Texas, El Paso, Health Science Program, 1101 North Campbell Street, El Paso, Texas 79902. She may be reached by telephone at 915-747-7263. If you have questions about your rights as a participant, contact the Compliance Section of the Office of Research at The University of Tennessee, Knoxville, 865-974-3466.

_____ Participant's initials

APPENDIX F
CONSENT FORM

PARTICIPATION

Participation in this study is strictly voluntary. You may decide at any time that you do not wish to participate simply by not filling out an inventory.

CONSENT

I have read the above statement or someone has read it to me and I have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study and that there are no known risks involved. I am 18 years or older and I hereby give my informed and free consent to be a participant in this study.

Participant's Signature

Date

Investigator's Signature

Date

APPENDIX G
ITEM POOL FOR JUROR VALIDATION

The item numbers were listed as either 'P' for positively stated item or 'N' for negatively stated item.

Jury Ratings of Item Pool.

ITEM NUMBER	N	MEAN	STD. DEVIATION
P1	7	2.00	.00
P2	7	2.14	.69
P3	7	2.57	.53
P4	7	2.14	.69
P5	7	2.00	.58
P6	7	2.29	.49
P7	7	2.29	.76
P8	7	2.00	.82
P9	7	2.29	.76
P10	7	2.14	.69
P11	7	2.71	.49
P12	7	2.71	.49
P13	7	2.29	.49
P14	7	2.71	.76
P15	7	2.43	.79
P16	7	2.29	.49
P17	7	2.14	.38
P18	7	2.57	.53
P19	7	2.43	.53
P20	7	2.29	.49
P21	7	2.86	.38
P22	7	2.57	.53
P23	7	1.43	.53
P24	7	2.14	.69
P25	7	2.86	.38
P26	7	2.43	.53
P27	7	2.43	.53
P28	7	2.00	.00
P29	7	2.43	.53
P30	7	2.29	.49
P31	7	1.29	.49
P32	7	1.57	.53
P33	7	2.57	.53
P34	7	2.43	.53
P35	7	2.57	.53
P36	7	2.29	.49
P37	7	2.29	.76

ITEM NUMBER	N	MEAN	STD. DEVIATION
P38	7	2.43	.79
P39	7	1.71	.49
P40	7	1.71	.49
P41	7	2.29	.49
P42	7	2.00	.58
P43	7	2.14	.69
P44	7	2.57	.79
P45	7	2.43	.53
P46	7	2.57	.79
P47	7	2.00	.58
P48	7	2.29	.76
P49	7	1.71	.49
P50	7	2.43	.53
P51	7	2.14	.69
P52	7	1.86	.90
P53	7	2.14	.38
P54	7	2.29	.49
P55	7	2.14	.38
P56	7	2.00	.82
P57	7	2.43	.53
P58	7	2.00	.82
P59	7	2.43	.53
P60	7	2.43	.53
P61	7	2.29	.49
P62	7	1.57	.79
P63	7	2.57	.53
P64	7	2.57	.53
P65	7	2.00	.58
P66	7	2.29	.76
P67	7	2.00	.00
P68	7	1.86	.38
P69	7	2.43	.53
P70	6	2.83	.41
P71	7	2.00	.58
P72	7	2.00	.58
P73	7	1.29	.49
P74	7	1.57	.53
P75	7	2.43	.53
P76	7	2.71	.49
P77	7	2.14	.38
P78	7	2.29	.49

ITEM NUMBER	N	MEAN	STD. DEVIATION
P79	7	2.14	.69
P80	6	2.00	.63
P81	7	1.71	.76
P82	7	2.00	.00
P83	7	2.00	.00
P84	7	2.29	.49
P85	7	2.57	.53
P86	7	2.29	.76
P87	7	2.00	.00
P88	7	2.00	.00
P89	7	2.71	.49
P90	7	2.57	.53
P91	7	2.29	.76
P92	7	2.57	.53
P93	7	2.00	.58
P94	7	2.57	.53
P95	7	1.86	.69
P96	7	2.29	.76
P97	7	2.57	.53
P98	7	2.00	.58
P99	7	1.86	.38
P100	7	2.14	.69
P101	7	2.14	.38
P102	7	2.00	.58
P103	7	2.00	.00
P104	7	2.14	.38
P105	7	1.86	.38
P106	7	2.00	.00
P107	7	2.14	.38
P108	7	2.00	.00
P109	7	1.86	.38
P110	7	2.14	.38
P111	7	1.86	.38
P112	7	2.29	.49
P113	7	2.29	.49
P114	7	2.00	.00
P115	7	1.86	.38
P116	7	1.86	.38
P117	7	1.86	.38
P118	7	1.57	.53
P119	7	1.29	.49

ITEM NUMBER	N	MEAN	STD. DEVIATION
P120	7	2.43	.53
P121	6	1.50	.55
P122	7	2.14	.38
P123	7	1.29	.49
P124	7	1.43	.53
P125	7	2.29	.49
P126	7	2.14	.38
P127	7	1.86	.38
P128	7	2.29	.49
P129	7	1.86	.38
P130	7	1.86	.38
P131	7	2.00	.00
P132	7	2.57	.53
P133	7	2.00	.00
P134	7	2.00	.00
P135	7	2.00	.00
P136	7	1.86	.38
P137	7	2.00	.00
P138	7	2.00	.58
P139	7	1.86	.38
P140	7	1.86	.38
P141	7	1.86	.38
P142	7	2.14	.69
P143	7	2.00	.58
P144	7	2.29	.49
P145	7	2.14	.38
P146	7	2.14	.38
P147	7	2.00	.00
P148	7	1.86	.38
P149	7	2.00	.00
P150	7	2.29	.49
P151	7	2.14	.38
P152	7	1.86	.38
P153	7	2.00	.00
P154	7	1.86	.38
P155	7	1.86	.38
P156	7	2.14	.38
P157	7	2.14	.38
P158	7	1.86	.38
P159	7	1.86	.38
P160	7	1.86	.38

ITEM NUMBER	N	MEAN	STD. DEVIATION
P161	7	1.86	.38
P162	7	2.00	.00
P163	7	2.29	.49
P164	7	2.14	.38
P165	7	2.00	.00
P166	7	1.86	.38
P167	7	2.00	.00
P168	7	1.86	.38
P169	7	2.00	.00
P170	7	2.57	.53
P171	7	1.86	.38
P172	6	2.00	.00
N1	7	1.57	.79
N2	7	1.71	.95
N3	7	1.43	.53
N4	7	1.71	.95
N5	7	1.43	.53
N6	7	1.57	.79
N7	7	1.57	.79
N8	7	1.71	.76
N9	7	1.71	.95
N10	7	1.71	.76
N11	7	1.86	.90
N12	7	1.86	.90
N13	7	1.57	.79
N14	7	1.86	.90
N15	7	1.71	.76
N16	6	1.83	.98
N17	7	1.86	.90
N18	7	2.00	1.00
N19	7	1.71	.95
N20	7	1.57	.79
N21	7	1.57	.79
N22	7	1.86	.90
N23	7	2.00	1.0
N24	7	1.43	.53
N25	7	1.43	.53
N26	7	1.86	.69
N27	7	1.57	.79
N28	7	1.57	.79
N29	7	1.86	.90

ITEM NUMBER	N	MEAN	STD. DEVIATION
N30	7	1.43	.53
N31	7	1.57	.79
N32	7	2.00	1.00
N33	7	1.71	.95
N34	7	1.71	.95
N35	7	1.86	.90
N36	7	1.57	.77
N37	7	1.86	.90
N38	6	1.83	.98
N39	7	1.43	.53
N40	7	1.57	.79
N41	7	1.71	.95
N42	7	1.57	.79
N43	7	1.57	.79
N44	7	1.43	.53
N45	7	1.00	.00
N46	7	1.57	.53
N47	7	1.29	.47
N48	7	1.86	.90
N49	7	1.57	.53
N50	7	1.14	.38
N51	7	1.57	.53
N52	7	1.57	.53
N53	7	2.00	1.00
N54	7	1.57	.79
N55	7	1.71	.95
N56	7	1.57	.77
N57	7	1.86	.90
N58	7	1.57	.79
N59	7	1.29	.49
N60	7	1.57	.79
N61	7	1.57	.79
N62	7	1.57	.79
V65	7	1.57	.53
N64	7	1.71	.95
N65	7	1.86	.90
N66	7	1.71	.95
N67	7	1.86	.90
N68	7	1.57	.79
N69	7	1.57	.53
N70	7	1.71	.95

ITEM NUMBER	N	MEAN	STD. DEVIATION
N71	7	1.57	.53
N72	7	1.57	.53
N73	7	1.57	.79
N74	7	1.57	.53
N75	7	1.71	.95
N76	7	1.86	.90
N77	7	1.43	.53
N78	7	1.43	.53
N79	7	1.86	.39
N80	7	1.57	.53
N81	7	1.57	.53
N82	7	1.57	.53
N83	7	2.00	.82
N84	7	2.00	.57
N85	7	1.57	.79
N86	7	1.86	.90
N87	7	1.71	.95
N88	7	1.71	.76
N89	7	1.86	.90
N90	7	1.43	.53
N91	7	2.00	1.00
N92	7	1.57	.53
N93	7	1.43	.53
N94	7	1.29	.49
N95	7	1.29	.49
N96	7	1.29	.49
N97	7	1.29	.49
N98	7	1.71	.76
N99	7	1.43	.53
N100	7	1.57	.79
N101	7	1.57	.53
N102	7	1.86	.69
N103	7	1.43	.53
N104	7	2.00	.58
N105	7	1.57	.53
N106	7	1.43	.53
N107	7	1.57	.53
N108	7	1.43	.53
N109	7	1.43	.53
N110	7	1.71	.49
N111	7	1.43	.53

ITEM NUMBER	N	MEAN	STD. DEVIATION
N112	7	1.71	.76
N113	7	1.57	.53
N114	7	1.71	.76
N115	7	1.57	.53
N116	7	1.43	.53
N117	7	1.57	.79
N118	7	1.71	.95
N119	7	1.71	.76
N120	7	1.86	.90
N121	7	1.43	.53
N122	7	1.86	.90
N123	7	1.57	.53
N124	7	1.57	.79
N125	7	1.43	.53
N126	7	1.43	.53
N127	7	1.43	.53
N128	7	1.43	.53
N129	7	1.57	.53
N130	7	1.71	.76
N131	7	1.71	.95
N132	7	1.71	.76
N133	7	1.43	.53
N134	7	1.57	.79
N135	7	1.43	.53
N136	7	1.43	.53

APPENDIX H
3-FACTOR SOLUTION

FACTOR

	<u>1</u>		
Q82	-.822	-.277	-.182
Q44	.763	.328	.06
Q38	.735	.326	.01
Q40	.731	.317	.299
Q87	.711	.292	.119
Q6	.711	.338	-.08
Q79	.699	.176	.370
Q55	.693	.238	.166
Q9	.687	.223	.183
Q41	.676	.184	.356
Q2	.660	.246	.213
Q73	.641	.332	.333
Q50	-.629	.325	.06
Q112	.622	.149	.269
Q43	-.614	-.307	.03
Q14	-.614	-.397	.04
Q98	.610	.167	.371
Q86	.584	.223	.283
Q31	-.574	-.143	-.145
Q52	.555	.192	.247
Q97	.524	.253	.241
Q102	.522	.195	.315
		<u>2</u>	
Q7	.243	.593	.06
Q36	.167	.589	.157
Q21	.186	.552	.02
Q61	-.219	-.553	.06
Q53	.206	.529	.04
Q60	-.245	-.489	.07
Q24	-.198	-.486	.08
Q13	.223	.466	.129
Q35	.187	.407	.253
Q19	.09	.401	.268
Q3	.190	.384	.287
Q42	.172	.353	.206

124

			<u>3</u>
Q67	.283	.247	.601
Q29	.305	.142	.503
Q66	.123	.08	.456
Q92	.238	.189	.376
Q28	.132	.04	.360
Q30	.293	.162	.325

APPENDIX I
FINAL SUB-SCALES

FACTOR 1 ~ Childhood Experiences

1. When I was growing up, the atmosphere in my family was cold and negative.
2. When I was growing up, I received unconditional love from my parent(s).
3. When I was growing up, my parent(s) offered reasonable limits and structure.
4. My parent(s) often let me know how happy they were that I was born.
5. I felt loved by my family growing up.
6. My parent(s) loved me with no strings attached.
7. When I was growing up, my parent(s) responded responsibly in crisis situations.
8. My parent(s) were the perfect models for parenting.
9. When I was growing up, our family solved problems together.
10. As a child, I saw affection between my parents.
11. When I was growing up, my family showed positive physical affection (e.g. hugging, touching, kissing).
12. As a child I observed my parents sharing their feelings and needs with one another.
13. When I was growing up, I felt like a stranger in my own home.
14. When I was growing up, my family resolved conflicts without getting physical.
15. I learned how to effectively deal with change by watching my parent(s).
16. Childhood was a lonely time for me.
17. Growing up, I felt unworthy and unlovable.
18. When I was growing up, my parent(s) received their main source of comfort and care from each other.
19. When I was growing up, I learned to “give and take” in my family.
20. It was often chaotic in my home growing up.
21. When I was growing up, and one parent was upset with the other, they dealt with each other directly.
22. When I was growing up, love and understanding countered the occasional outburst or upset.

FACTOR 2 ~ Current Health Status

1. I feel relaxed meeting new people.
2. Physically, I am strong.
3. I think I am a “wonderful person.”
4. I am neither agile nor graceful.
5. I think that my friends believe that I am good at helping them solve problems.
6. I feel good about myself.
7. I’m not good at activities involving physical dexterity.
8. I have poor muscle tone.
9. I have a friend I could go to if I were just feeling down, without feeling funny about it later.
10. My friends enjoy hearing what I think.
11. Most of the time I feel at peace with myself.
12. I feel free to disagree with other people.

FACTOR 3 ~ (Childhood) Environmental Health (person-in-situation)

1. When I was growing up, my parent(s) expected me to use correct grammar and pronunciation.
2. When I was a child, my parent(s) took me to a museum.
3. When I was a child, I worked puzzles at home.
4. When I was a child, I was expected to make my bed, pick up my toys, and clean my room.
5. When I was a child, my parent(s) subscribed to various magazines.
6. Where I played as a child was safe and free of hazards.

APPENDIX J
FINAL INSTRUMENT

Parent Potentiation Instrument

On questions 1-15, please indicate the following by circling the appropriate letter:

1. Age:
 - A. 18-21
 - B. 22-28
 - C. 29-35
 - D. 36-42
 - E. 43 or older
2. Race:
 - A. White
 - B. Black
 - C. Asian
 - D. Hispanic
 - E. American Indian
 - F. Other _____
3. Religion:
 - A. Protestant
 - B. Catholic
 - C. Unitarian
 - D. Jewish
 - E. Other _____
4. Marital Status:
 - A. Single
 - B. Married
 - C. Separated/Divorced
 - D. Widowed
5. How many children do you have?
 - A. None
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
6. Were you raised by:
 - A. Both parents
 - B. Mother
 - C. Father
 - D. Grandparent
 - E. Other _____
7. What is the income bracket of your present household?
 - A. \$8,000 to \$14,999
 - B. \$15,000 to \$24,999
 - C. \$25,000 to \$34,999
 - D. \$35,000 to \$44,999
 - E. \$45,000 to \$55,000
 - F. Other _____
8. What was the income bracket of your family growing up?
 - A. \$8,000 to \$14,999
 - B. \$15,000 to \$24,999
 - C. \$25,000 to \$34,999
 - D. \$35,000 to \$44,999
 - E. \$45,000 to \$55,000
 - F. Other _____
9. Years of completed education:
 - A. High School Degree
 - B. Associates Degree
 - C. Bachelors Degree
 - D. Some Graduate School Hours
 - E. Masters Degree
 - F. Doctorate Degree
10. Number of siblings:
 - A. None
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
11. Number of siblings older than you:
 - A. 1
 - B. 2
 - C. 3
 - D. 4 or more
12. Do you suffer from a chronic illness?
 - A. Yes
 - B. No
 If yes, what? _____

13. Did one or both parents suffer from a chronic illness while you were growing up?
 - A. Yes
 - B. No
 If yes, who and what?

14. You are from a:
 - A. Rural area
 - B. Small town
 - C. Suburban area
 - D. Urban area
15. Gender:
 - A. Female
 - B. Male

DIRECTIONS: Using the following scale, place the number in the space provided that you feel is most appropriate. There are no right or wrong answers. YOUR NAME IS NOT NEEDED.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- _____ 1. When I was growing up, the atmosphere in my family was cold and negative.
- _____ 2. When I was growing up, I received unconditional love from my parent(s).
- _____ 3. I feel relaxed meeting new people.
- _____ 4. Physically, I am strong.
- _____ 5. When I was growing up, my parent(s) expected me to use correct grammar and pronunciation.
- _____ 6. When I was growing up, my parent(s) offered reasonable limits and structure.
- _____ 7. My parent(s) often let me know how happy they were that I was born.
- _____ 8. I think I am a “wonderful person.”
- _____ 9. I felt loved by my family growing up.
- _____ 10. My parent(s) loved me with no strings attached.
- _____ 11. I am neither agile nor graceful.
- _____ 12. When I was growing up, my parent(s) responded responsibly in crisis situations.
- _____ 13. My parents(s) were perfect models for parenting.
- _____ 14. When I was a child, my parent(s) took me to a museum.
- _____ 15. When I was growing up, our family solved problems together.
- _____ 16. I think that my friends believe that I am good at helping them solve problems.
- _____ 17. As a child, I saw affection between my parents.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

- _____ 18. When I was growing up, my family showed positive physical affection (e.g. hugging, touching, kissing).
- _____ 19. I feel good about myself.
- _____ 20. As a child, I observed my parents sharing their feelings and needs with one another.
- _____ 21. When I was growing up, I felt like a stranger in my own home.
- _____ 22. I'm not good at activities involving physical dexterity.
- _____ 23. When I was a child, I worked puzzles at home.
- _____ 24. When I was growing up, my family resolved conflicts without getting physical.
- _____ 25. I learned how to effectively deal with change by watching my parent(s).
- _____ 26. I have poor muscle tone.
- _____ 27. Childhood was a lonely time for me.
- _____ 28. Growing up, I felt unworthy and unlovable.
- _____ 29. I have a friend I could go to if I were just feeling down, without feeling funny about it later.
- _____ 30. When I was a child, I was expected to make my bed, pick up my toys, and clean my room.
- _____ 31. When I was growing up, my parent(s) received their main source of comfort and care from each other.
- _____ 32. When I was growing up, I learned to "give and take" in my family.
- _____ 33. My friends enjoy hearing what I think.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

_____ 34. It was often chaotic in my home growing up.

_____ 35. When I was growing up, and one parent was upset with the other, they dealt with each other directly.

_____ 36. Most of the time I feel at peace with myself.

_____ 37. When I was a child, my parent(s) subscribed to various magazines.

_____ 38. When I was growing up, love and understanding countered the occasional outburst or upset.

_____ 39. I feel free to disagree with other people.

_____ 40. Where I played as a child was safe and free of hazards.

VITA

Kris Wilks Wright was born Diana Kris Wilks, to Eulah Jo and Hugh Herndon Wilks, in Huntington, West Virginia. She was raised across the river in Chesapeake, Ohio with her older brothers, Steve, Phil, and Mark. Kris graduated from Marshall University, Huntington, WVA, with a Bachelor of Science degree in Health and Physical Education in 1976. She obtained her Master of Arts degree in Health and Physical Education from Marshall University in 1978. Her career spans twenty-three years of working with people of all ages and backgrounds in the area of health and wellness. Kris has held teaching positions with Emory University at Oxford College and Maryville College. In 1993 she accepted a position as a Graduate Teaching Associate at The University of Tennessee, Knoxville and began work on her Ed.D. Kris received the Doctor of Education degree with a major in Health Education in May 2002. She lives with her husband, Jim, along with their dogs Rumi, Eliot, and Miss Sarah, in Las Cruces, New Mexico.

